

CITY OF



LANCASTER



# ANNUAL REPORT

OF

THE MEDICAL OFFICER OF HEALTH  
AND

THE SENIOR SANITARY INSPECTOR,  
FOR THE YEAR ENDED 31st DEC.,  
1953



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R. W. FARQUHAR, B.Sc.(Agri.), M.B., Ch.B., D.P.H.



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Public Health Department,  
Thurnham Street,  
Lancaster.

To the Chairman and Members of  
the Public Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health services of the City during 1953.

In form and content the report follows the general lines laid down by the Ministry of Health.

The number of live births registered in the City, following continuous decline between the post-war peak year of 1947 and 1951, reached 738 in 1952, followed by 744 in 1953, so that the birth rate is again tending to become stabilized. The adjusted rate for Lancaster in 1953 was 16.7 per 1,000, which may be compared with the rate of 15.5 for England and Wales.

Deaths from all causes totalled 771, an increase of 119 on the previous year. In 1953, owing to a change in the rules governing transfers of deaths for statistical purposes, the 140 deaths which occurred in Bay View were treated as non-transferable, and thus a considerable rise in the crude death rate resulted. The adjusted Lancaster death rate in 1953 was 15.2 per 1,000 population, compared with the national figure of 11.4.

Accidents continue to cause more deaths than infectious diseases. The relative order of frequency of the principal causes of death continues to be affected also by the ageing population. Thus, over two thirds of all Lancaster deaths in 1953 were due to diseases which are commoner in later life than in younger age groups, namely, diseases of the circulatory system, cancer, and vascular lesions of the central nervous system.

The infant mortality rate at 32 per 1,000 live births was the lowest recorded in the City since 1948, but unfortunately the maternal death rate at 3.92 per 1,000 total births was much above the average for the preceeding 5 years.

In section "B" the various health services generally available in the area are outlined, and detailed information relating to local clinic facilities is also given.

During 1953, infectious diseases as a whole were much more prevalent than in 1952, and in section "C" attention is again drawn to the need for diphtheria immunisation to be maintained at a high level. Although deaths from tuberculosis numbered 8 in 1952 and 9 in 1953, compared with an average of 25 over the 10 preceding years, the incidence of new cases shows no tendency to decrease, and the need for continued attention to preventive measures is stressed. A detailed report on the mass radiography survey carried out at the end of 1952, and not previously available, will be found in the body of the report.

This section also contains a detailed account of two food poisoning outbreaks, which afflicted no less than 180 persons within the City and probably many others who escaped notice. There is no evidence of any decreased incidence in the country as a whole. Food poisoning is preventable and the safety of food depends to a great extent on the hygienic standards and sense of responsibility of the individual food handler, whether in the home, in shops, or in food catering and manufacturing premises. It cannot be emphasised too strongly that the washing of hands, especially after using the toilet, and cleanliness of food utensils and premises generally, will prevent the spread of food poisoning germs. It remains to be seen to what extent legislative measures now before Parliament will, when enacted, succeed in raising the standards of food hygiene in shops and catering establishments, but the standards expected and demanded by the general public are perhaps more important and effective.

The sanitary circumstances of your area have been fully reported upon by the Senior Sanitary Inspector in section "D". In his general observations on housing he has drawn attention to certain aspects of housing policy. He has stressed the importance of a correct assessment of the real need for new houses in the City, and has related this to such vital factors as future housing subsidies, building costs, potential and actual demand for house purchase, and the pressing problem facing the Council in dealing with slum clearance and redevelopment.

In relation to the administration of the housing points scheme, the difficult question of residential qualifications also needs to be kept under review.

Difficulties often arise with the so called "problem families," so many of whom prove unsatisfactory tenants, drifting from one local authority to another. Where the question of their eviction arises it is sometimes better to avoid this and the subsequent maintenance of the family by the welfare authority in expensive institutions, where it is seldom possible for them to be housed as a family unit. Without concerted help from all available social services, including housing, health and welfare departments, such families will continue to drift and their children will in turn add to the problem in the future. During 1953 co-ordinated action of this nature has been attempted locally, but it is apparent that intensive case work of the type undertaken by voluntary family service agencies is also required.

I am grateful to the staff of the Health Department for the support given me, and wish to record my appreciation of the continued interest shown by the Health Committee in all the activities of the Public Health Department.

Yours faithfully,

R. W. FARQUHAR,  
Medical Officer of Health.



SECTION "A"

**STATISTICS AND SOCIAL CONDITIONS  
OF THE AREA**

## SUMMARY OF STATISTICS - 1953

Area (in acres) .....	5,036
Population (Registrar-General's Estimate) mid-year 1953 .....	50,330
Number of Inhabited Houses according to Rate Books .....	13,762
Rateable Value .....	£335,971
Sum represented by a Penny Rate .....	£1,358
<b>LIVE BIRTHS</b>	<i>Males Females Total</i>
Legitimate .....	338 368 706
Illegitimate .....	18 20 38
	<hr/>
	356 388 744
	<hr/>
Crude Birth Rate per 1,000 of the estimated population	14.8
<b>STILL BIRTHS</b>	<i>Males Females Total</i>
Legitimate .....	13 9 22
Illegitimate .....	— — —
	<hr/>
	13 9 22
	<hr/>
Still Birth Rate per 1,000 total (live and still) births .....	29
	<i>Males Females Total</i>
DEATHS (Total) .....	350 421 771
Crude Death Rate per 1,000 of the estimated population	15.3
DEATHS FROM MATERNAL CAUSES .....	3
Maternal Mortality Rate per 1,000 total (live and still) births .....	3.92
<b>DEATHS OF INFANTS UNDER ONE YEAR OF AGE</b>	<i>Males Females Total</i>
Legitimate .....	9 9 18
Illegitimate .....	3 3 6
	<hr/>
	12 12 24
	<hr/>
Infant Mortality Rate per 1,000 live births .....	32
<b>DEATHS OF INFANTS UNDER 4 WEEKS OF AGE</b>	<i>Males Females Total</i>
Legitimate .....	6 9 15
Illegitimate .....	2 1 3
	<hr/>
	8 10 18
	<hr/>
Neo-Natal Mortality Rate per 1,000 live births .....	24
<b>DEATHS FROM CERTAIN SPECIFIED DISEASES</b>	<i>Rate per 1,000</i>
	<i>Deaths est. population</i>
Cancer (all forms).....	130 2.58
Tuberculosis (all forms) .....	9 0.18

TABLE SHOWING CLASSIFICATION OF CAUSES OF DEATH  
DURING THE YEAR 1953

<i>Causes</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis Respiratory .....	3	4	7
Tuberculosis, Other .....	2	—	2
Syphilitic Disease .....	1	1	2
Diphtheria .....	—	—	—
Whooping Cough .....	—	—	—
Meningococcal Infections .....	—	—	—
Acute Poliomyelitis .....	—	—	—
Measles .....	—	—	—
Other Infective and Parasitic Diseases .....	2	5	7
Malignant Neoplasm, Stomach.....	16	12	28
Malignant Neoplasm, Lung, Bronchus .....	16	2	18
Malignant Neoplasm, Breast .....	1	9	10
Malignant Neoplasm, Uterus .....	—	7	7
Other Malignant and Lymphatic Neoplasms.....	35	30	65
Leukaemia, Aleukaemia .....	2	—	2
Diabetes .....	4	3	7
Vascular Lesions of Nervous System .....	41	72	113
Coronary Disease Angina .....	69	49	118
Hypertension with Heart Disease .....	5	12	17
Other Heart Disease .....	42	90	132
Other Circulatory Disease .....	18	8	26
Influenza .....	4	—	4
Pneumonia .....	16	16	32
Bronchitis .....	8	17	25
Other Diseases of Respiratory System .....	1	2	3
Ulcer of Stomach and Duodenum .....	6	3	9
Gastritis, Enteritis and Diarrhoea .....	1	1	2
Nephritis and Nephrosis .....	2	3	5
Hyperplasia of Prostate.....	4	—	4
Pregnancy, Childbirth, Abortion .....	—	3	3
Congenital Malformations .....	1	4	5
Other Defined and Ill-defined Diseases .....	38	56	94
Motor Vehicle Accidents .....	5	1	6
All Other Accidents .....	4	8	12
Suicide .....	3	3	6
Homicide and Operations of War .....	—	—	—
<b>TOTAL DEATHS FROM ALL CAUSES .....</b>	<b>350</b>	<b>421</b>	<b>771</b>

LANCASTER VITAL STATISTICS FOR 1953 AND THE PERIOD 1948-1952

	Live Births		Deaths (all causes)		Stillbirths		Maternal Mortality		Infant Mortality			
	No. Regis- tered	Rate per 1,000 pop'n	No. Regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No of deaths regis- tered	Rate per 1,000 total births	Total		Neo-natal	
									No. of deaths regis- tered	Rate per 1,000 Live births.	No. of deaths regis- tered	Rate per 1,000 Live births.
Year 1953	744	*14.8	771	*15.3	22	29	3	3.92	24	32	18	24
Year 1952	738	14.6	652	12.9	13	17	1	1.33	32	43	26	35
„ 1951	730	14.3	643	12.6	19	25	1	1.34	28	38	21	29
„ 1950	770	14.9	611	11.8	12	15	1	1.28	38	49	24	31
„ 1949	827	16.2	598	11.7	20	24	1	1.18	32	39	—	—
„ 1948	858	17.0	552	10.9	22	25	2	2.27	24	27	—	—
Ave. 5 years 1948-1952	—	15.4	—	12.0	—	21	—	1.48	—	39	—	—

\* Adjusted live birth-rate (comparability factor, 1.13) = 16.7 per 1,000.  
death-rate (comparability factor 0.99) = 15.2 per 1,000.



COMPARATIVE TABLE OF VITAL STATISTICS FOR 1953  
Birth Rate, Death Rate and Analysis of Mortality

	Birth Rate per 1,000 Home Population		Mortality Rate per 1,000 Home Population									Death Rate per 1,000 Live Births	
	Live Births	Still Births	All Causes	Typhoid and Paratyphoid	Whooping Cough	Diphtheria	Tuberculosis	Influenza	Smallpox	Acute Poliomyelitis includ'g Polioencephalitis	Pneumonia	All Causes Under 1 year	Diar-rhoea and Enteritis Under 2 years
LANCASTER     ....	14.8	0.43 ..... * 29.0	15.3	—	—	—	0.18	0.08	—	—	0.64	32.0	—
England and Wales     ....	15.5	0.35 ..... * 22.4	11.4	0.00	0.01	0.00	0.20	0.16	0.00	0.01	0.55	†26.8	1.1
160 County Boroughs and Great Towns (including London     ....	17.0	0.43 ..... * 24.8	12.2	0.00	0.01	0.00	0.24	0.15	0.00	0.01	0.59	30.8	1.3
160 Smaller Towns (Resident Pop. 25,000 or less at 1951 Census)	15.7	0.34 ..... * 21.4	11.3	—	0.00	0.00	0.19	0.17	0.00	0.01	0.52	24.3	0.9
London Administrative County     ....	17.5	0.38 ..... * 21.0	12.5	—	0.00	—	0.24	0.15	—	0.01	0.64	24.8	1.1

\* per 1,000 Total (Live and Still) Births.

† per 1,000 related Live Births

NOTE.—The figures in this table are provisional and are corrected only for inward and outwards transfers. They make no allowance for variations in the age and sex composition of the population in different areas.

DEATHS CLASSIFIED BY AGE GROUP AND LOCALITY — 1953

WARD	0 -	1 -	2 -	3 -	4 -	5 -	10 -	15 -	20 -	35 -	45 -	65 -	75 -	80 +	Total.
Castle ... ..	1	—	—	—	—	—	1	—	2	1	11	9	2	8	35
John o'Gaunt ...	2	—	—	—	—	—	—	—	4	2	16	23	12	15	74
Park ... ..	4	—	—	—	—	—	—	—	2	7	58	92	71	91	325*
Queen's ... ..	4	1	—	—	—	1	—	—	—	2	16	9	8	14	55
St. Anne's ...	3	—	—	—	—	—	—	2	—	—	8	11	6	2	32
Scotforth ...	2	—	—	—	1	—	—	3	2	4	21	21	8	23	85
Skerton East ...	4	—	—	—	—	—	—	2	2	6	18	17	7	6	62
Skerton West ...	4	—	—	—	—	1	—	1	3	4	27	31	17	15	103
Total ... ..	24	1	—	—	1	2	1	8	15	26	175	213	131	174	771

\* Includes 293 deaths assigned to the City which occurred in Lancaster Moor Hospital and Bay View.

# COMMENTS ON VITAL STATISTICS

## Births

In 1953 there were 744 registered live births assignable to the City of Lancaster, representing a live birth rate of 14.8 per 1,000 of the estimated population. In order to compare local and national birth and death rates an adjustment must be made to the former to allow for differences in age and sex distribution. The adjusted live birth rate for Lancaster in 1953 was 16.7 per 1,000, which may be compared with the crude rate for England and Wales of 15.5. Locally the birth rate, after reaching a post-war peak of 20.3 in 1947, declined steadily each year, but is now tending to become relatively stable again.

Of the 744 live births 38 were illegitimate, equivalent to 5.1 % of the total. During the previous year illegitimate births amounted to 34 out of 738, or 4.6%.

## Deaths

Total deaths in the City in 1953 numbered 771 compared with 652 in the previous year, the corresponding crude rates per 1,000 population being 15.3 in 1953 and 12.9 in 1952. Part of this increase may be attributed to changes in the rules governing transfers of deaths for statistical purposes.

The table on page 00 shows the causes of deaths classified under the 36 main headings used by the Registrar-General, but the relative importance of the principal causes may be more clearly apprehended from the table below:

	1952		1953	
	No. of Deaths	Percent. of Total	No. of Deaths	Percent. of Total
Heart and Circulatory Diseases ....	232	35.58	293	38.01
Vascular Lesions of the Nervous System ...	108	16.57	113	14.65
Cancer (including Leukaemia) ....	105	16.10	130	16.86
Respiratory Diseases (excluding Tuberculosis) ....	54	8.28	64	8.30
Violence (including motor vehicle accidents) ....	26	3.99	24	3.11
Diseases of the Digestive System ....	12	1.84	11	1.43
Diseases of the Kidney and Prostrate....	9	1.38	9	1.17
Tuberculosis (all forms)....	8	1.23	9	1.17
Infective Diseases (excluding Tuberculosis) ....	3	.46	9	1.17
All other causes ....	95	14.57	109	14.13
TOTAL ....	652	100.00	771	100.00



## Maternal Mortality

Confidential medical reports continue to be sent to the Ministry of Health on deaths ascribed to or associated with pregnancy, child-birth and abortion. During 1953 three maternal deaths occurred, as against one in each of the four preceeding years. It is disappointing to record a rise in the maternal mortality rate to 3.92 per 1,000 total births. but it would be unwise to draw any conclusions from such figures based on a single year.

## Infant Mortality

On the other hand, the death rate of infants under one year of age was lower than in 1952, and at 32 per 1,000 live births was below the average for the previous five years. From the table on page 10 it will be seen that the actual number of infant deaths (24) was the lowest recorded in Lancaster since 1948. The table on page 11 shows the 1953 infant mortality rates in different areas of the country, and it is of interest to note that the rate for England and Wales reached a new low record of 26.8 per 1,000 related live births.

## Neo-Natal Mortality and Still Births

Of the 24 infants who died under one year of age, 18 (i.e. 75%) died before attaining the age of 4 weeks, and of these 18 neo-natal deaths, 15 (or almost 84%) occurred within one week of birth. In the table below the causes of death are analysed under various age groups from one week up to one year of age, and the preponderating influence of prematurity and other developmental defects is obvious.

CAUSE.	Under one week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	TOTAL.
Bronchitis ...	—	—	—	—	—	1	1	—	—	2
Pneumonia (all forms)	—	1	—	—	1	1	—	—	—	2
Asphyxia ...	1	—	—	—	1	—	—	—	—	1
Injury at Birth ...	—	—	—	—	—	—	—	—	—	—
Atelectasis ...	2	—	—	—	2	—	—	—	—	2
Prematurity ...	7	2	—	—	9	—	—	—	—	9
Other causes ...	5	—	—	—	5	—	2	1	—	8
Totals ...	15	3	—	—	18	2	3	1	—	24



The 18 deaths under the age of 4 weeks represent a neo-natal mortality rate of 24 per 1,000 live births, also a considerable decrease on previous years. But, in 1953 the wastage of infant life caused by still births was considerably greater than in the five preceeding years.

Among the means needed to reduce this wastage are still better ante-natal care directed to improving the mothers' general health and nutrition, skilled obstetrics, and improved care of the premature infant.



SECTION “B”

**GENERAL PROVISION OF HEALTH  
SERVICES IN THE AREA**

## GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

The main work of the Public Health Department concerns environmental health and the control of infectious diseases, and detailed reports on these services, which are directly controlled by the City Council, will be found in Section "C" and Section "D."

The present section is related to those health services which concern mainly the personal health and welfare of the individual rather than public health and the community. Although administered by statutory authorities other than the City Council, it is felt that some brief account of the nature and scope of these services will be of interest to the Health Committee, and indeed to the general public.

Any review concerning the general provision of health services in the area should of necessity cover all three branches of the National Health Service. Lack of space, however, precludes more than a brief mention of two of these, namely, the General Practitioner Services and the Hospital and Specialist Services, so that this section is confined mainly to the health services provided by the Local Health Authority, i.e. by the Lancashire County Council.

### Local Health Services under Part III of the National Health Service Act, 1946

Divisional Health Committee No. 2 of the Lancashire County Council are responsible for the day-to-day administration of the following health services, which are available to the citizens of Lancaster as well as to the inhabitants of the surrounding districts.

1. *Care of Expectant and Nursing Mothers and Young Children*, including the provision of ante-natal clinics, post-natal care, dental care, child welfare centres and day nurseries, as well as special arrangements for premature babies, unmarried mothers, convalescent care, etc.
2. *Domiciliary Midwifery*.
3. *Health Visiting*.
4. *Home Nursing*.
5. *Home Helps*.



6. *Immunisation and Vaccination.*
7. *Ambulance Service.*
8. *Mental Health Service*, including community care and after care of persons suffering from mental deficiency, as well as those suffering from mental illness.
9. *Prevention of Illness, and Care and After-care of Persons suffering from Illness*, including health education, convalescent care, prevention and after-care of tuberculosis, provision of nursing equipment and apparatus.

### **Welfare Services - National Assistance Act, 1948**

The following welfare services are also administered by the Divisional Health Committee:—

1. *Residential Accommodation.* For persons in need of care and attention not otherwise available to them, accommodation is provided either at Bay View, Lancaster, or at the Empress Hostel, Morecambe.
2. *Temporary Accommodation.* In case of urgent need, e.g., eviction, temporary shelter is provided at Bay View, Lancaster, separate accommodation being provided for children.
3. *Reception Centre.* Part of the accommodation at Bay View is used for the reception of persons without a settled way of life, by arrangement between the County Council and the National Assistance Board.
4. *Handicapped Persons.* For persons who are blind, or deaf, or otherwise substantially and permanently handicapped, certain welfare provisions are made through the County Medical Officer of Health.

### **School Health Service - Education Act, 1944**

The school health service is controlled centrally by a committee of the County Council, and for the local organisation of this service the divisional medical officer is responsible to the County Medical Officer of Health.

In addition to the routine medical and dental inspections of children carried out in the City schools, various clinics, some attended by visiting specialists, are provided for the correction or treatment of certain defects.

The admission of handicapped pupils to special schools is arranged through the County Medical Officer of Health. Medical supervision of children under the care of the Children's Department is also undertaken by the school medical officers. Details relating to local clinics are set out in the table below:—

# CLINIC AND TREATMENT CENTRES — LANCASTER CITY

	MON.	TUES.	WED.	THURS.	FRI.	SAT.
I ANTE-NATAL .... (1) Thurnham Hse.... (2) Ryelands Hse ....	— —	— —	— —	— 9.30-11.30 a.m.	p.m. 2-4* —	— —
II CHILD WELFARE (1) Thurnham Hse.... (2) Ryelands Hse .... (3) Hala Carr Mis- sion Hall ....	— 2-4 p.m. p.m. 2-4†	— — — —	2-4 p.m. — — —	2-4 p.m. — — —	— — — —	— — — —
III DIPHTHERIA IMMUNISATION (1) Thurnham Hse.... (2) Ryelands Hse ....	} Arranged as required, usually fortnightly					
IV MINOR AILMENTS (1) Thurnham Hse.... (2) Ryelands Hse ....	a.m. 9-10.30 9-10.30	— — —	a.m. 9-10.30 9-10.30	— — —	a.m. 9-10.30 9-10.30	— — —
V INSPECTION CLINIC Thurnham House ....	—	—	—	—	—	9.30-11.30 a.m. except first Sat'rday of month
VI EAR, NOSE & AND THROAT Thurnham House ....	—	—	—	—	—	9.30-11.30 a.m. first Saturday of month only
VII OPHTHALMIC Thurnham House ....	9.30-12 noon by ap- p'tm't	—	—	—	—	—
VIII ORTHOPAEDIC Thurnham House ....	—	By ap- p'tm't	—	By ap- p'tm't	—	—
IX SPEECH THERAPY Ryelands House ....	—	—	By ap- p'tm't	By ap- p'tm't	—	—
X DENTAL Thurnham House ....	Monday to Friday, 9.30 a.m. - 4.00 p.m. daily by arrangement					

\* Post natal cases also seen.

† Health Visitor only.



## **Laboratory Facilities**

The bacteriological examination of milk, water and ice cream is carried out by Dr. Rickards and his staff in the Department of Pathology at the Royal Lancaster Infirmary. Specimens of faeces, nose and throat swabs, blood, etc., from individual patients, and samples of suspect food are also sent to this laboratory for examination, and I am indebted to Dr. Rickards for numerous laboratory reports and much helpful advice in connection with epidemiological investigations. The chemical analysis of water, as well as of milk and foodstuffs taken under the Food and Drugs Act, 1938, is performed by the County Analyst, Dr. Walker, whose willing co-operation is also appreciated.

## **Maternity and Nursing Homes**

The following maternity and nursing homes in Lancaster and district are registered with the County Council, under the provisions of the Public Health Act, 1936.

Westhaven Nursing Home, 2/3, Laurel Bank, Lancaster.

Beds: 8 maternity, 2 medical.

Caton Green Nursing Home, Caton Green, Nr. Lancaster.

Beds: 10 maternity, 14 medical, 6 surgical.

Lunesdale Nursing Home, Melling, Nr. Carnforth.

Beds: 3 maternity, 12 medical.

## **Co-ordination of Health Services**

The structure of the National Health Service, with responsibilities shared by separate authorities, renders it essential that there should be effective arrangements for securing integration. Locally this is ensured by cross representation on committees and by liaison between officers of the different services. Local co-ordination between the school health service, the other health services of the County Council and the health services administered by the City Council, is facilitated by reason of the fact that your Medical Officer of Health acts also as Divisional Medical Officer and School Medical Officer. Co-operation with local general practitioners is secured by frequent exchange of information in relation to infectious diseases, housing, domiciliary nursing services, welfare of aged and other handicapped persons, etc. There is close liaison also with all local hospitals, and I am grateful to the administrative, medical and nursing staffs for much useful information supplied in connection with the after care of discharged patients. Every effort is made also to co-operate with the numerous voluntary organisations, which play such a useful part in filling the gaps still apparent in the National Health Service.





SECTION "C"

**PREVALENCE OF AND CONTROL OVER  
INFECTIOUS AND OTHER DISEASES**

## PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

### General Incidence

During 1953 infectious diseases as a whole were much more prevalent than in 1952. Detailed information concerning the number of cases notified, recorded under various age groups, will be found on page 28. Tables showing the incidence of and mortality from tuberculosis will be found on page 29. The following summary shows the comparative incidence of the principle infectious diseases over the past seven years.

	1953	1952	Averages of 5 years 1951-1947
Scarlet Fever ....	149	101	77
Diphtheria ....	—	—	1
Whooping Cough ....	59	155	141
Measles ....	636	30	511
Pneumonia ....	35	45	46
Tuberculosis ....	64	54	61
Poliomyelitis ....	—	—	7
Typhoid and Paratyphoid Fever ....	2	3	2
Dysentery ....	50	68	73
Food Poisoning....	180	—	3
Other Diseases ....	11	13	21
<b>TOTAL</b> ....	<b>1186</b>	<b>469</b>	<b>943</b>

### Measles

This common disease of childhood continues to manifest periodic exacerbations. Following the 1,255 cases recorded in 1951 only 30 cases were notified in 1952, but in 1953 the incidence of measles again rose, with 636 notifications.

### Whooping Cough

Whooping cough was less prevalent, with 59 cases notified as against 155 in the previous year. Because of the dramatic decline in mortality from diphtheria, scarletina, etc. in recent years the relative importance of whooping cough amongst the common infectious diseases of childhood has increased. The efficacy of whooping cough vaccine, however, has not yet been sufficiently proved to justify the Ministry of Health recommending its adoption on a national basis in the same way as for diphtheria. Certain Local Health Authorities have nevertheless obtained official approval for its use. A combined diphtheria - pertussis prophylactic to produce immunity against both diseases is becoming increasingly popular since the number of injections required is reduced, but here again further research is required before it can receive full official recognition.

Diphtheria

For the fifth year running no cases of diphtheria have occurred in Lancaster, and the disease has now become so rare that many young parents do not realise how dangerous it can be. We cannot afford to relax our efforts to maintain a high rate of immunisation against diphtheria. for local and national statistics show that the proportion of children accepting this proved protective measure is still well below that considered necessary to eradicate the disease from the community. Of the children under the age of five in this City it is estimated that two-fifths of them have not been immunised, and the parents of these young children should realise that diphtheria still kills, and that it is these unprotected children who will contract the disease should they come into contact with it.

Immunisation is a free service, available either from the family doctor or through the school clinic, and before a child reaches its first birthday it should receive two injections with an interval of one month between the two. Immunity should be maintained by further single injections at 4 - 5 year intervals.

In the table below the numbers of Lancaster children immunised during the last three years are compared.

LANCASTER CITY — IMMUNISATION CARRIED OUT  
1953, 1952, and 1951

Number of individuals who completed a full course of primary immunisation during the period.										Number of individuals who were given a re-inforcement injection, i.e., subsequent to complete course.				
Age at final injection										Age Group.				
0-1	1-2	2-3	3-4	4-5	Total under 5 years	5-9	10-14	Total 5-14 years	Total 15 yrs. & over	0-4	5-9	10-14	Total under 15 yrs.	Total 15 yrs. & over
YEAR 1953														
189	237	37	19	16	498	47	16	63	—	47	399	739	1185	9
YEAR 1952														
225	264	47	30	19	585	28	30	58	—	76	479	475	1030	1
YEAR 1951														
206	287	40	17	18	568	36	12	48	—	70	338	354	762	5



## Bowel Infections

Sixty years ago the Annual Reports of the Medical Officer of Health of Lancaster contained many references to bowel infections, and the incidence of and mortality from typhoid fever, dysentery and "diarrhoea" at that time gave rise to serious concern. With our improved sanitation, cleaner food and safer water supplies, these particular bowel infections, which are caused by swallowing infected food or drink, have largely ceased to be a menace to the health of the ordinary household, although they can still cause trouble in mental hospitals and other institutions. Within the last decade, however, with the continued growth of communal feeding and large scale methods of manufacture and handling of certain foods, a similar type of bowel infection, namely food poisoning, has become increasingly common and today presents a fresh challenge to workers in the Public Health field.

## Food Poisoning

No mention of food poisoning is to be found in the records of the Public Health Department prior to 1947, in which year one case was notified, followed by 14 cases in 1951. In 1953, however, two separate outbreaks occurred giving rise to 180 cases between the middle of June and the beginning of September.

The first outbreak comprised of 79 cases of food poisoning occurring between 10th June and 4th July. In the great majority of these the onset of illness was during the week-end of 13/15 June. The Lancaster cases formed only a small part of a much bigger outbreak affecting the North-West country, and were due to the consumption of meat pies sold in the City but manufactured in another town. The food poisoning organism (*Salmonella bovis morbificans*) isolated from faecal specimens in 62 out of the 79 cases was identical with that isolated from specimens collected in other affected towns. The same organism was also successfully cultured from the unconsumed portion of a meat pie obtained from one of the affected households in Lancaster, and in another case a specimen of vomit also proved positive. Of the 79 Lancaster cases 7 were found to be food handlers and these did not resume their normal duties until an adequate number of negative faecal specimens had been obtained. In most cases the infection caused severe gastro-intestinal symptoms. Several cases were removed to hospital and there was one fatal case in which death was ascribed to salmonella septicaemia.

The origin of this infection and the manner in which the meat pies came to be infected were never conclusively proved despite long and detailed search in the area of manufacture.

The second outbreak made its appearance much more insidiously, and before the investigations connected with the *S. bovis morbificans* outbreak had been completed sporadic cases of fresh infection due to *S. typhi* murium began to appear. On 20th July it became apparent that there was a possible common source of infection from cooked meats manufactured in the City. The manager of the firm concerned was most



helpful and co-operative throughout, and as soon as the food poisoning organism had been isolated in the foods sampled, further manufacture ceased and all suspected foodstuffs were voluntarily withdrawn and surrendered.

Between 20th July and 7th September, 106 cases were officially notified by medical practitioners or otherwise discovered. The symptoms were generally less severe than in the previous outbreak, and although a number required treatment in hospital no deaths occurred. In contrast to the more dramatic and concentrated June incident the cases in this outbreak were spread over a much longer period of time, and it became evident that an unknown number of missed or mild cases were occurring in which symptoms were absent or negligible. Whilst every effort was made by our Sanitary Inspectors to continue the collection of faecal specimens from all known cases it was necessary to concentrate attention primarily on cases, or their close contacts, who were concerned in the handling of food or milk for sale to the public. Ultimately 26 such persons concerned in the handling of food or milk, and not all employed by the same firm, were found to be excreting *S. typhi* murium. Only 9 of these admitted to having typical symptoms of food poisoning and the remainder were classed as missed cases and symptomless excretors. All 26 remained off work, or were employed on duties other than food handling, until 6 consecutive negative faecal specimens were obtained from each.

Altogether *S. typhi* murium was isolated from 70 out of the 106 cases within the City, but the outbreak was not confined to Lancaster, and similar cases occurred in the surrounding districts. All doctors in general practice, in local hospitals and school clinics in the area were warned of the outbreak as soon as possible and Health Departments of adjacent authorities were contacted and kept informed as necessary. An explanatory letter giving general guidance as to precautions to be taken was delivered to each infected family by the Sanitary Inspectors, who also gave verbal advice and reassurance suited to the needs of each case. Information was given to the local press at intervals, and reports were made to the County Medical Officer of Health and the Ministry of Health. A great deal of extra work also fell on the clerical staff of the Public Health Department in recording and tabulating the information collected, and in passing on to the general practitioners the bacteriological reports on their individual patients.

In food poisoning infections the period during which the organisms usually remain in the body and are excreted is commonly given as 2 - 8 weeks, but in both the 1953 outbreaks several cases occurred in which the infection persisted for over 3 months. During the investigations and follow-up of these two outbreaks the Senior Sanitary Inspector and his staff were responsible for the collection of somewhere approaching 2,000 specimens of faeces, 36 samples of food, and made approximately 1,750 visits. It will readily be seen that these investigations could not have been carried out, nor the outbreaks brought under control, without the co-operation of the staff of the Department of Pathology at the Royal Lancaster Infirmary, and I am greatly indebted to Dr. Rickards and his staff for their willing help and co-operation.

CASES OF INFECTIOUS DISEASE (OTHER THAN TUBERCULOSIS) NOTIFIED DURING 1953

DISEASE.	AGE PERIOD - YEARS										Cases Admitted to Hospital.	Deaths
	0-	1-	3-	5-	10-	15-	25-	45-	65 & over	Age un- known		
	Ttotal											
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ... ..	1	12	24	75	32	3	2	—	—	—	113	—
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever ... ..	—	—	—	—	—	—	—	2	—	—	—	—
Paratyphoid Fever ... ..	—	—	—	—	—	—	—	—	—	—	2	—
Measles (excluding Rubella) ... ..	25	145	193	262	4	4	1	—	—	2	18	—
Whooping Cough ... ..	1	21	16	21	—	—	—	—	—	—	59	—
Acute Pneumonia (Primary and Influenzal) ... ..	3	—	2	2	—	1	7	9	11	—	35	5
Puerperal Pyrexia ... ..	—	—	—	—	—	—	—	—	—	—	1	—
Meningococcal Infection ... ..	—	1	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis—Paralytic ... ..	—	—	—	—	—	—	—	—	—	—	—	—
„ „ Non-Paralytic Acute Encephalitis—Infective ... ..	—	—	—	—	—	1	1	—	—	—	2	—
„ „ Post Infective Dysentery ... ..	—	2	13	18	3	1	2	8	3	—	50	6
Ophthalmia Neonatorum.. ... ..	—	—	—	—	—	—	—	—	—	—	8	—
Erysipelas ... ..	—	—	—	—	—	—	1	6	1	—	—	—
Malaria (contracted in England and Wales) ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Malaria (contracted abroad) ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ... ..	1	7	4	7	13	26	55	47	20	—	16	1
Total	31	188	252	385	52	36	69	72	35	2	1122	1



Tuberculosis

Total deaths in the City from tuberculosis amounted to 8 in 1952 and 9 in 1953, and reference to the table below will show the marked decline in mortality from both the respiratory and non-pulmonary forms of this disease that has occurred in recent years. While this decline in tuberculosis mortality, conforming with a similar decline over the country as a whole, may appear spectacular, the incidence of new cases shows no tendency to decrease. During 1953 new cases diagnosed as tuberculosis amounted to 64 as against 54 in the previous year.

The decline in mortality may mean an increase in the total number of potential infectors, and clearly such orthodox methods of prevention as tracing the source of infection, the supervision of contacts, and educating the public in the importance of personal hygiene and the dangers of raw milk, supplemented by the newer measures such as mass radiography and B.C.G. vaccination, are still of vital importance in checking the dissemination of the disease.

At present the limited protection afforded by B.C.G. vaccination is available to selected groups only, namely, hospital nurses, medical students, and young Mantoux negative children in contact with an open case. During 1953, 158 persons in Lancaster were tested as regards suitability for vaccination, and 72 of these were subsequently vaccinated.

INCIDENCE AND MORTALITY OF TUBERCULOSIS 1944 - 1953

			CASES NOTIFIED.		DEATHS.	
			Respiratory.	Other Forms.	Respiratory.	Other Forms.
1944	.....	.....	40	14	20	6
1945	.....	.....	46	13	17	10
1946	.....	.....	52	9	25	4
1947	.....	.....	38	7	27	2
1948	.....	.....	66	11	22	3
1949	.....	.....	52	10	14	1
1950	.....	.....	46	9	23	3
1951	.....	.....	57	12	19	1
1952	.....	.....	48	6	7	1
1953	.....	.....	58	6	7	2

INCIDENCE AND MORTALITY OF TUBERCULOSIS, 1953

Age Periods			Cases Notified				Deaths				
			Respiratory		Other Forms		Respiratory		Other Forms		
			Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males	
0—	....	....	1	—	—	—	—	—	—	—	—
1—	....	....	—	—	—	—	—	—	—	—	—
2—	....	....	—	—	—	—	—	—	—	—	—
5—	....	....	1	4	—	—	—	—	—	—	—
10—	....	....	2	—	—	—	—	—	1	—	—
15—	....	....	4	3	—	1	—	—	—	—	—
20—	....	....	1	—	1	—	—	1	—	—	—
25—	....	....	5	7	—	2	—	—	—	—	—
35—	....	....	5	5	1	—	—	1	1	—	—
45—	....	....	12	1	—	1	2	1	—	—	—
55—	....	....	4	—	—	—	1	—	—	—	—
65—	....	....	1	1	—	—	—	1	—	—	—
75 and upwards....	....	....	—	1	—	—	—	—	—	—	—
			36	22	2	4	3	4	2	—	
			58		6		7		2		

## Mass Radiography Survey

For the following report of the work carried out by No. 5 Mass Radiography Unit in Lancaster and District, I am indebted to the Medical Director, Dr. J. I. Capper.

The surveys covered by this report are listed below:—

Survey No.	Location	Dates	No. of Persons Examined		
			Males	Females	Total
20	Lancaster	18th Aug. - 17th Nov., 1952	7,175	6,066	13,241
21	Carnforth	18th - 21st Nov., 1952	208	266	474
22	Post Office Savings Dept. (Office Site) Morecambe Road Lancaster	24th & 25th Nov., 1952	41	192	233
Totals			7,424	6,524	13,948

In addition to the 13,241 persons examined in Survey No. 20, 964 mental defectives at the Royal Albert Hospital, Lancaster, were also examined, but all details of these have been omitted from this Report.

Lancaster was visited in 1948 by a static Mass Radiography Unit when 9,334 persons were X-rayed. Two Lancaster firms were visited in 1951. During the 1952 visit, the Unit was situated at twelve different locations, as listed below:—

Parade Room, Town Hall, Lancaster;  
Storey Bros. & Co. Ltd., White Cross Mills, Lancaster;  
J. Williamson & Sons, Ltd., Lune Mills, Lancaster;  
J. Williamson & Sons Ltd., Cotton Mill, Lancaster;  
Skerton Girls' School, Lancaster;  
Standfast Dyers and Printers Ltd., Lancaster;  
Lads' Club, Dallas Road, Lancaster;  
Royal Grammar School, Lancaster;  
Lansil Ltd., Lancaster;  
Royal Albert Hospital, Lancaster;  
Methodist Church, Carnforth;  
Post Office Savings Dept., Morecambe Road, Lancaster.

Of the 13,948 persons examined during these Surveys, 11,174 (6,105 males and 5,069 females) were resident in the City of Lancaster.

The survey was officially opened at the Parade Room of the Town Hall, with a ceremony attended by the Mayor and local dignitaries. The ceremony was given prominence in the local press, and from time to



time the press assisted the Unit by publicising the survey's progress and encouraging the public to attend. The Parade Room was a good central site from which to examine the general public. Leaflets explaining the survey were distributed throughout Lancaster by the local Boy Scouts, and the District Commissioner, Mr. H. Todd, very kindly arranged this. An Appointments Bureau was held in the Health Department alongside the Town Hall where the general public could make appointments to be X-rayed. The Organising Secretary, Mr. C. W. Hall, gave talks to Organisations, and to employees in factory canteens and offices. Slides were shown at most of the local cinemas, and posters were displayed throughout the City. Evening sessions were held, and these were advertised as open to the general public - no appointments being necessary. All firms employing 20 persons and over were circularised and only 5 failed to co-operate.

The total of 13,948 X-rayed were divided amongst the following age groups:—

	Males	Females	Total
14 years and under .....	1,033	897	1,930
15 - 24 years..... .....	1,243	2,083	3,326
25 - 34 years .....	1,489	1,115	2,604
35 - 44 years .....	1,504	1,057	2,561
45 - 59 years .....	1,770	1,143	2,913
60 years and over .....	385	229	614
	<hr/> 7,424	<hr/> 6,524	<hr/> 13,948

The table below shows the numbers of persons X-rayed in the following groups:—

	Males	Females	Total
No. of employees of firms in Lancaster and district .....	5,217	3,122	8,339
School children .....	1,345	1,081	2,426
General Public .....	862	2,321	3,183
	<hr/> 7,424	<hr/> 6,524	<hr/> 13,948

The following table gives the percentage response from the employees of firms in the Lancaster district:—

	Males	Females	Total
Approximate number of employees available for Mass Radiography	7,300	4,200	11,500
Number of employees who were X-rayed .....	5,217	3,122	8,339
Percentage of total number available .....	71.5	74.3	72.5

After the initial miniature X-ray, 717 persons were recalled for large films, of whom 7 failed to attend. 269 persons were recalled for interviews or clinical examinations by the Medical Director, of whom 3 failed to attend. 16 persons were recalled for screening.

Of the 13,948 persons examined, 12,191 were classified as normal, and the remaining 1,757 consisted of persons with tuberculous abnormalities, or other abnormal chest conditions.

The findings in respect of examinees with evidence of Active Tuberculosis are:—

Persons with evidence of Active Tuberculosis	Males	Females	Total
Employees of firms in Lancaster and district .....	8	10	18
Rate per 1,000 examined	1.5	3.2	2.2
General Public .....	2	7	9
Rate per 1,000 examined	2.3	3.02	2.8
School children .....	1	-	1
Rate per 1,000 examined	0.7	-	0.4
Totals .....	11	17	28
Rate per 1,000 examined	1.5	2.6	2

As shown above, 28 cases of Active Tuberculosis were discovered, equal to a rate of 2 per thousand persons examined. Of these 28 Active Tuberculosis cases, 18 were recommended for immediate treatment or observation in a sanatorium, 6 were placed under supervision by the Chest Physician, 1 refused further action, and 3 removed or were lost sight of.

From the sputum tests made by the Chest Clinic, 11 were found to be positive, a rate equal to 0.8 per thousand persons examined.

Among those active cases found, one was a schoolmaster, 5 were boot and shoe operatives, 3 were shop assistants, and 1 was a hairdresser. One man was employed by a firm visited by the Unit in 1951 when 8 active cases were discovered in the one firm.

The table below shows the cases of Active Tuberculosis discovered in their age groups, together with the rate per thousand persons examined in the different age groups:—

	15 - 24 years	25 - 34 years	35 - 44 years	45 - 59 years	60 years & over	Total
No. MALE Active cases found .....	2	3	2	2	2	11
Rate per 1,000 examined .....	1.6	2.01	1.3	1.1	5.2	1.5
No. FEMALE Active cases found .....	12	4	-	1	-	17
Rate per 1,000 examined .....	5.8	3.6	-	0.9	-	2.6

The high rate of active cases discovered amongst females aged between 15 to 34 years bears out the theory that they are most susceptible to infection during early married life.

For Inactive Tuberculosis, 614 cases were discovered, a rate of 44.02 per thousand examined. Of these 10 are continuing under observation at the Chest Clinic, 1 was already on the Clinic Register as a quiescent case, 7 were referred to their own doctors, and 596 were subsequently regarded as healed Tuberculosis and no further action was necessary.

Apart from Tuberculosis, abnormal chest conditions were found in 1,115 instances. The majority of these cases were considered not to require any further action, but a few were given advice by the Medical Director and referred either to their own doctors or to the Chest Clinic. These are listed below:—

Abnormalities of bony thorax and lungs .....	2
Chronic bronchitis and emphysema .....	10
Pneumonia, lobar .....	1
Broncho-pneumonia (non-tuberculous) .....	3
Bronchiectasis .....	30
Pulmonary fibrosis (non-tuberculous) .....	9
Pneumokoniosis .....	1
Pleural thickening .....	2
Pleural and interlobar effusion (non- tuberculous).....	1
Intrathoracic tumours .....	1
Cardiac vascular lesions - acquired .....	18
Miscellaneous :—	
Retro-sternal thyroid .....	4
Sarcidosis .....	1
	—
Total	83
	—



School children were included in this survey, 2,426 scholars being X-rayed - 1,345 boys and 1,081 girls.

Amongst the school children, abnormalities of the chest were found in 146 instances. One case of Active Tuberculosis was discovered, a boy who was placed under the supervision of the Chest Physician.

Inactive Tuberculosis was found in 77 instances, but they were subsequently regarded as healed and no further action considered necessary.

Of the remaining 68 abnormalities detected, these were non-tuberculous, and most of these were considered not to need any further action. A few were given advice by the Medical Director and referred either to their own doctors or to the Chest Clinic, and these are as follows:—

Bronchiectasis	.....	7
Pleural and interlobar effusion (non-tuberculous)	.....	1
Sarciodosis	.....	1
		—
	Total	9
		—

In conclusion, I wish to thank Dr. J. Munro Campbell, Dr. C. V. Stevenson, and the staff of the Lancaster Chest Clinic, who were most helpful at all times, and with whom we maintained the closest liaison throughout our stay.

Dr. R. W. Farquhar, the Medical Officer of Health, and his staff went to a great deal of trouble on our behalf to find us suitable premises, and their local knowledge was invaluable. The Unit was very fortunate in receiving so much help and friendliness from the Medical Authorities in the town.



SECTION "D"

**SANITARY CIRCUMSTANCES  
OF THE CITY**

**ANNUAL REPORT OF THE  
SENIOR SANITARY INSPECTOR**

F. SHAW, D.P.A., M.R.San.I., A.M.I.S.E.

CITY OF LANCASTER — ENVIRONMENTAL HEALTH SERVICES

Under the Direction of the Senior Sanitary Inspector

<div>HOUSING</div> <div>INSPECTION OF HOUSES</div> <div>Preparation of reports on general housing conditions in the city.</div> <div>REPAIR OF HOUSES</div> <div>Preparation of specifications and schedules of costs.</div> <div>Supervision of works.</div> <div>Execution of works in default of owners.</div> <div>CLEARANCE, ETC. OF UNFIT HOUSES</div> <div>Indication of areas needing re-planning and re-development.</div> <div>Clearance of the buildings from such areas.</div> <div>Demolition of single houses not included in areas.</div> <div>Closure of dwellings which it is not practicable to demolish.</div> <div>VALUATION OF HOUSES.</div> <div>Valuation of houses to ascertain whether they are capable of repair at reasonable cost, etc.</div> <div>Estimation of future life of houses</div> <div>OVERCROWDING</div> <div>Ascertainment and abatement of overcrowding.</div> <div>COMMON LODGING HOUSES</div> <div>Inspection and Registration.</div> <div>HOUSES LET IN LODGINGS</div> <div>Inspection and Registration.</div> <div>REHOUSING</div> <div>Investigation into special housing needs which call for priority.</div> <div>Removals in connection with re-housing.</div> <div>Fumigation of household effects with HCN.</div>	<div>RATS AND MICE</div> <div>Destruction and infestation prevention.</div> <div>INSECT, ETC., PESTS</div> <div>Destruction and control.</div> <div>UPHOLSTERY, ETC. FILLINGS</div> <div>Supervision of premises where upholstery fillings are made or stored or used.</div> <div>Sampling such fillings for examination as to cleanliness.</div> <div>FOOD AND DRUGS</div> <div>EXAMINATION AND SAMPLING</div> <div>EXAMINATION OF:</div> <div>Meat at time of slaughter.</div> <div>Meat in butchers' shops, etc.</div> <div>Food of all kinds in shops, stores, warehouses, etc.</div> <div>Supervision of the disposal of food condemned as unfit.</div> <div>SAMPLING OF:</div> <div>Food and Drugs for analysis.</div> <div>Foods for bacteriological exam.</div> <div>HYGIENE OF FOOD PREMISES, ETC.</div> <div>Inspection of all premises used for the preparation, storage, handling and sale of food.</div> <div>Advice on layout, design and construction of food premises.</div> <div>Advice on equipment.</div>	<div>MILK AND DAIRIES</div> <div>SAMPLING OF MILK FOR:</div> <div>Supervision of distribution of milk</div> <div>Adulteration. Keeping quality.</div> <div>Tubercle bacilli. Brucella Abortus.</div> <div>Inspection of dairies.</div> <div>PRE-LICENSING INSPECTION OF:</div> <div>Pasteurising plants.</div> <div>Sterilising plants.</div> <div>Bottling establishments.</div> <div>Routine inspection of plants and premises.</div> <div>INSPECTION OF</div> <div>OTHER PREMISES, e.g.:</div> <div>Factories.</div> <div>Building and civil engineering sites</div> <div>Workplaces Shops. Offices.</div> <div>Places of Entertainment.</div> <div>Offensive Trade premises.</div> <div>Schools.</div> <div>NATIONAL ASSISTANCE ACT</div> <div>Burial of the Dead.</div> <div>Arrangement for care of people living alone under insanitary conditions.</div> <div>ATMOSPHERIC POLLUTION</div> <div>Inspection of boiler, etc., plants</div> <div>Observations of smoke from chimneys.</div> <div>Investigations generally into atmospheric pollution.</div>	<div>GENERAL SANITATION</div> <div>Investigation into complaints.</div> <div>Abatement of nuisances.</div> <div>Water supplies, (purity and sufficiency of).</div> <div>Purity of swimming bath water.</div> <div>Inspection of camping sites.</div> <div>Drainage.</div> <div>Removals of accumulations of waste, and offensive matter.</div> <div>RIVERS AND WATERCOURSES</div> <div>Investigation into pollution.</div> <div>SEWAGE DISPOSAL</div> <div>Sewage disposal from isolated buildings not connected to the town's sewerage system.</div> <div>INFECTIOUS DISEASES</div> <div>Investigations into causes of spread</div> <div>Disinfection of premises and articles.</div> <div>FOOD-BORNE INFECTIONS</div> <div>Investigations into causes.</div> <div>Collection of specimens for exam.</div> <div>PET ANIMALS</div> <div>Inspection of pet animal shops.</div> <div>PORT HEALTH</div> <div>Inspection of crew's accommodation.</div> <div>Ship drinking water supplies</div> <div>Rat and vermin destruction</div> <div>Enquiries re infectious diseases and sickness amongst crews.</div> <div>Supervision of shellfish layings and collection grounds.</div>
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TO THE CHAIRMAN AND MEMBERS OF  
THE PUBLIC HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen.

It is my pleasure to submit for your consideration this part of the Annual Report for 1953 dealing with the sanitary circumstances and sanitary administration of the City.

The scope and variety of the work of the Department in no way diminished during 1953. From a mere glance alone at the principal headings in the report, it must be obvious that the safeguarding of the health of the public is now a major business. The abatement of nuisances which at one time was the main function of sanitary administration has become an insignificant part of the work.

Housing conditions in the City still remain a problem, but it is hoped that in the very near future it will be possible to give more attention to the repair of existing houses and the clearance of slums. Although this report is concerned with the work of the Department during 1953, the opportunity has been taken to publish the information obtained from a pilot housing survey carried out in January, 1954. The findings of this pilot survey are discussed on pages 46 to 50. It will be seen from a perusal of these pages that although there were 1,502 applicants awaiting Corporation houses at the 31st December, 1953, the estimated real shortage of houses in the City, excluding slum clearance replacements, was only 600. From the survey it has been further estimated that if building prices were to be brought down so that a new house could be bought at an inclusive price of £1,500 or less, some 300 to 350 tenants of existing houses would be able and willing to buy a new house. If this private house building were to materialise in the near future the City Council need only build, at the most, a further 300 houses to meet the present net shortage, with a consequent reduced housing charge on the rates.

The statistics from the pilot survey were machine tabulated free of charge by The British Tabulating Machine Co. Ltd., and I am grateful to this firm and Mr. Harvey, in particular, for their help in this respect.

As is customary, information is given in the report concerning the inspection and sampling of food and the inspection of the many kinds of premises, such as food preparing premises and factories, etc. which are kept under supervision by the Department.

Extracts from reports on the chemical and bacteriological examination of samples of tap and swimming water are given towards the end of the report. This is followed by information concerning pest destruction and control.

I would again like to express my sincere appreciation to your Committee for the sympathetic and co-operative spirit you have shown during the year.

Finally, I must place on record the loyal co-operation of the staff of the Department.

I am,

Yours faithfully,

FREDERICK SHAW.

Senior Sanitary Inspector.



## WORK OF SANITARY INSPECTORS

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### Closet Accommodation at the end of 1953

Privy Middens—No. of middens, 1. No. of closets attached to these middens, 1. No. of pail closets, 4. No. of dry ashpits, 6. No. of moveable ashbins, 14,600. No. of houses on water carriage system 13,738. No. of fresh water closets, 18,060. No. of waste water closets, nil. Conversions during 1953, Nil.

### Sanitary Inspections during 1953

No. of premises visited, 12,240. Defects or nuisances—No. discovered, 772. No. abated, 814. No. of notices served—Informal, 166; Statutory, 127. Legal proceedings, 6.

### Types of Inspections and Visits

Complaints investigated	.....	627
Rodent or insect pest infestation	.....	21
Infectious disease enquiries	.....	189
Food inspection	.....	331
Miscellaneous Public Health inspections	.....	777
Miscellaneous visits	.....	2,390
Offensive trade premises	.....	19
Butchers' shops and stores	.....	153
Bakehouses	.....	258
Ice cream premises	.....	249
Fish fryers' premises	.....	231
Food preparing premises	.....	161
Other food premises, general	.....	565
Dairies	.....	31
Public Houses	.....	65
Markets	.....	25
Restaurants	.....	107
Shops (Shops Act)	.....	192
Theatres, cinemas, etc.	.....	50
Slaughterhouses	.....	665
Snack Bars, soda fountains, etc.	.....	115
Pet shops	.....	7
Combustion Plants	.....	14
Work places	.....	—
Food Vans	.....	22
Schools (Meals Service)	.....	5
Canteens	.....	13

## Improvements and Repairs effected following action by the Sanitary Inspectors

## Repairs to Dwelling Houses

Roofs repaired or stripped and renewed	.....	.....	.....	.....	.....	.....	65
External walls re-pointed	.....	.....	.....	.....	.....	.....	10
Rainwater pipes repaired or renewed	.....	.....	.....	.....	.....	.....	35
Eavesgutters, repaired or renewed	.....	.....	.....	.....	.....	.....	85
Chimney Stacks re-built	.....	.....	.....	.....	.....	.....	5
Yards, Passages, pavements repaired or renewed	.....	.....	.....	.....	.....	.....	1
Ceilings re-plastered or repaired	.....	.....	.....	.....	.....	.....	1
Internal walls re-plastered or repaired	.....	.....	.....	.....	.....	.....	25
Windows repaired or renewed	.....	.....	.....	.....	.....	.....	23
Doors repaired or renewed	.....	.....	.....	.....	.....	.....	3
Floors repaired or renewed.....	.....	.....	.....	.....	.....	.....	9
Fireplaces repaired or renewed	.....	.....	.....	.....	.....	.....	8
Sinks renewed	.....	.....	.....	.....	.....	.....	4
Repairs to water supply systems	.....	.....	.....	.....	.....	.....	9
Repairs to staircases	.....	.....	.....	.....	.....	.....	1
Miscellaneous	.....	.....	.....	.....	.....	.....	21

## Improvements on Registered Premises

[illegible]

## Food Premises

[illegible]

**Drainage, Sanitary Accommodation, etc.**

Drains cleared from obstruction	.....	99
Public Sewers cleared from obstruction	.....	24
Drains re-laid or repaired	.....	25
Sewers re-laid or repaired	.....	9
Soil pipes, waste pipes, etc., repaired or renewed	.....	7

**Water Closets**

Additional W. C.'s provided in other premises	.....	1
Additional W.C.'s provided in factories	.....	—
W.C. compartments re-built or repaired	.....	9
W.C. basins renewed	.....	17
W.C. cisterns renewed or repaired	.....	15

**Various**

Offensive accumulation removed	.....	25
Additional dustbins provided	.....	2
Dustbins renewed	.....	46
Miscellaneous	.....	2
Nuisances from animals abated	.....	4
Smoke nuisances abated	.....	1

**Execution of Work by City Council in Default of Persons upon whom Notices were served**

In 6 instances during the year the City Health Department was called upon to execute works in the default of persons upon whom statutory notices had been served. In all cases the City Council made orders for the collection of rents until such times as the costs will be recovered. The works carried out, with the costs, were as follows :—

Address	Work	Cost
124, Coulston Road	Installation of new water storage tank	£3 1 0
43, Bulk Road	Remedy of various defects	£14 3 10
45, Bulk Road	Provision of new W.C. cistern	£5 0 0
49, Bulk Road	Remedy of various defects	£16 7 3
57, Bulk Road	Repairs to eavesgutter and rain water pipes	£10 6 9
73, Bulk Road	Remedy of various defects	£8 16 10



## **Shops (Shops Act, 1950, Section 38)**

There are in the City about 900 shop premises of all descriptions. Many of them are one man businesses. 192 of those where assistants are employed were inspected during the course of the year.

In 5 cases the inspectors made verbal requests to the shopkeeper to provide seats for female assistants. Means for heating the shops in cold weather were installed in two premises and additional sanitary accommodation was provided in another shop following requests by the sanitary inspectors.

## **Offices**

Apart from offices attached to factories it was not found possible during the year, because of the pressure of other duties, to make any general inspections of office accommodation.

## **Camping Sites (other than Military)**

Although no camping sites were licensed during the year the inspectors made 46 visits to sites which were either used for periods less than 42 consecutive days or were in use illegally.

## **Smoke Abatement**

During the year 53 half-hour routine observations for smoke nuisances were made of the 40 factory chimneys in the City. In addition 14 inspections of combustion plants were made.

No smoke nuisances were recorded.

During the course of the year one firm installed a new under-feed stoker to a Cochran boiler at a cost of £600.

## **Offensive Trades**

Number of premises—5.

Types of offensive trades:—

Fellmonger	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Gut Scrapers	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Rag and Bone Dealer	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Tripe Boiler	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1

All the offensive trades in the City were, generally speaking, carried on during the year without serious nuisance in spite of difficulties due to obsolete buildings.



Factories Act, 1937

Details of the number of inspections made by the Sanitary Inspectors and of the number and type of contraventions found are given in the following tables:—

INSPECTIONS.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Without mechanical power ... ..	196	121	1	—
With mechanical power	36	35	—	—
Other premises ...	7	10	—	—
Total ... ..	239	166	1	—

DEFECTS FOUND

	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1) ... ..	2	2	—	—	—
Overcrowding (S.2) .	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4) ... ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7):—					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective ...	16	6	—	1	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences ...	—	—	—	—	—
Total ...	18	8	—	1	—

## Common Lodging Houses

Number on Register—nil.

## Houses Let in Lodgings

The rate of movement of households who have not a separate house of their own is high. In consequence, without powers for the compulsory registration of sublet houses, it is next to the impossible to keep records of these premises up to date.

The powers which local authorities had for making bye-laws to control sublet houses were repealed when the Housing Repairs and Rents Act, 1954, became operative. A local authority which now wishes to keep sublet houses under supervision will need to make frequent surveys.

The Housing Repairs and Rents Act, 1954, does give local authorities, however, greater latitude in the standards they can require in these houses than they had under their previous bye-law making power.

The total number of houses in Lancaster which are occupied by more than one household is not at present known, but conditions in houses which have been used for multiple occupation for a number of years, and consequently known to the Department, are far from satisfactory. Now that the new Act has become operative consideration will need to be given to drawing up a minimum standard of services and amenities to be provided in these houses. The rent in Lancaster charged for rooms containing a few sticks of furniture range from £1 . 10 . 0 to £2 . 10 . 0 per week. These appear sufficiently high for it to be equitable to insist that each household should be provided with its own sink and cooking arrangements.

## Tents, Vans, Sheds, etc.

There are no tents, vans or similar erections used at present for human habitation in the City.

## Underground Sleeping Rooms

So far as present records show, there is no need for regulations.

## Rag Flock and Other Filling Materials Act, 1951

### Rag Flock Acts, 1911 and 1928

No. of premises in the district in which filling materials are manu- factured, used or sold .....	4
No. of Inspections .....	6
No. of samples taken .....	4
All samples conformed to the legal standards.	



# HOUSING

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## General Observations

There is, undoubtedly, still some shortage of structurally separate dwellings in the City, but what the real deficiency is and what proportion of it ought to be met by the City Council is not accurately known. There were, however, 1,502 applicants on the Corporation's list at the 31st December, 1953, but 814 of these had less than 5 points which indicates they are not in real need of rehousing.

Now that most of the restrictions on private house building have been removed and the City Council have decided to operate, for a trial period, the Government's scheme whereby only a nominal deposit is required for house purchase, more people will be inclined to want to own their houses. This demand for houses to buy would increase considerably if building prices were to fall only a little, because now that a conditional increase in rent is permissible the gap between the weekly payment for rent and the weekly payment for purchase has been narrowed.

Some, at least, of the people who hope to buy newly built houses are either, at present, tenants of houses, or are owner-occupiers of old houses. If their plans materialise they will make their present houses, in one way or another, available towards meeting the present shortage, whatever that might be. Also there must be some present tenants of Corporation houses who intend to buy their own houses in the very near future. In spite of the financial benefits derived from living in a publicly subsidised house, some people still obtain greater satisfaction by living in a house which they own. Also with a reduction in housing subsidies imminent, unless there is a corresponding fall in building prices or a reduction in standards, or changes in building technique, the increased rents, which will probably have to be charged for Corporation houses, will further extend the demand for houses to buy.

Housing subsidies place a heavy charge on public funds and, therefore, although there is undoubtedly still a need for them, it does seem to be very necessary to ensure that more heavily subsidised houses are not built than is really essential.

From time to time all policies need reviewing in the light of changed or changing circumstances, and housing is no exception to this rule. There may be little or no relationship between the housing shortage which existed in Lancaster in 1945 and that which exists now in 1954. During this period 1,065 (temporary and permanent) new dwellings have been built in the City. At an average of 3.5 persons per house the new houses provide accommodation for an additional population of 3,727, whereas the increase above the 1938 population is only 3,110.

It is now the Government's policy that the clearance and re-development of slum areas should feature prominently in the housing programme, and it is for many reasons better that re-development schemes should be executed by the local authority rather than by private



enterprise. In view of this the question arises, naturally, whether the City Council should not now concentrate on re-development and leave new development to private enterprise or, at least, for the erection of houses for sale.

There is no doubt that housing is a very complex problem. It is closely related to movement and trends in the size and age structure of the population. Men of 55 years of age to-day will be retired from work in ten years time. Is this age group a large or small proportion of the population? How does it compare in size with the present school leaving age group, the majority of which, in ten years time, will be setting up their own housekeeping units? What is happening to living standards? Have real wages increased to such a degree since 1939 that more people can afford to buy houses, and the number who really need to have their rents subsidised become smaller?

These and many more are all pertinent questions, but they can only be answered satisfactorily by a proper investigation. The time has arrived when the question of housing subsidies needs to be carefully re-examined in the light of changed circumstances.

It has long been the practice both in industry and commerce to carry out research. Research for new materials and new techniques, research into marketing facilities and consumer demand, and so on. The Government itself has since 1919, entered many research fields and today controls some of the greatest research establishments in the country. Yet despite the fact that permanent housing subsidies are costing the nation £52m. this year and are increasing currently by about £7m. a year, and that these subsidies constitute a major problem in finance, little research has been done on a national level to ascertain what the real housing need is and what proportion of it ought to be provided by public assistance.

Lancaster City Council did, however, carry out a comprehensive housing survey in 1947-48 and planned to make another investigation during 1954. Unfortunately, the estimated cost of £1,200 for the latter investigation was deemed to be too high in view of other commitments on the rate fund, and consequently the investigation will not be carried out. Before, however, the decision was taken to abandon the 1954 investigation, an approximate one per cent pilot survey was made in order to test the arrangements for the full investigation. The information obtained from the pilot survey is interesting and, at least, illustrates what material would have been made available from the full survey.

The limited usefulness of this test survey must, however, be borne in mind when an attempt is to be made to assess from the information available the present housing shortage.

The pilot survey was not carried out as a sample survey because it was believed the full survey was to be made. This belief was based on an earlier decision of the City Council to make the full investigation.

The sole object of the pilot survey was to test the machinery set up for the fuller investigation and, consequently, in selecting the area for the test, more regard was had to avoiding inconvenience to householders than to choosing a truly representative sample.

The area chosen contained some houses which were already under investigation with a view to slum clearance, but in the majority of these cases the people concerned did not know this at the time and, consequently, the information they gave in response to the questions on the survey form was not greatly influenced by this fact.

The pilot survey involved 145 houses, and these were found to be occupied by 152 households. This means 4.8% of the houses visited in 1954 were occupied by more than one household as against 14.5% which was the case in the complete survey made in 1947-48.

Forty-five of the houses or 31% were owned by the Corporation, whereas the percentage of Corporation owned houses in the whole City at the time of the 1947-48 survey was 16.65%.

Twenty-one or 13.8% of the households involved in the pilot survey were on the waiting list for Corporation houses, but 15 or 71.4% of these applicants were already tenants of houses. The houses of 5 of these tenant-applicants were, however, included in slum clearance programmes. The remaining 6 applicants (28.6%) were sharing a house with another family.

Altogether 24 households or 15.79% of those involved in the test survey expressed a desire to be owner-occupiers of a house. Seventeen or 71% of these were interested in a newly built house. Fourteen (58.3%) of those interested in house purchase expressed a preference for a semi-detached type, 5 (21%) for a detached house, 3 (12.4%) preferred a terrace house, and 2 (8.3%) expressed no preference.

The family income of 13 (54%) out of the 24 households interested in house purchase was deemed to be sufficient to meet the loan charges on house purchase, but 8 of them were not able, at the time, to pay a 20% deposit.

Six of the 13 interested in house purchase and with sufficient income were applicants for Corporation houses. One of these Corporation applicants was able to pay the 20% deposit.

The accommodation occupied by the 5 households who were interested in house purchase and had sufficient income and were able to pay the deposit were as follows. One was an owner-occupier of a house, 2 were tenants of houses not in the demolition class, one was a tenant of a flat, and the last was living in rooms.

Four of these households were not willing to pay more than £1,500 for a new house and the fifth not more than £1,700. From this information it is not unreasonable to infer that, firstly there is a hidden resistance against the present high building prices, and secondly, if building prices were to fall so that a new house with the necessary land could be purchased at something like an inclusive price of £1,500, then about 300 to 350 present tenants of houses in the City would be willing and able to buy a new house and make their present one available for someone else. This is probably a conservative figure because the majority of households included in the test survey were in the lower income groups. Even if the houses at present occupied by these households were to be



sold and not let, the pilot survey indicated that there is quite a potential demand for the purchase of the older houses at prices ranging from £400 to £1,200.

In my opinion, high building prices are not unrelated to high subsidies and to the fact that the majority of new houses built since 1945 have been for local authorities.

I have already pointed out that the 1954 investigation was a pilot one and not a sample survey, and therefore accurate conclusions as to the present shortage of houses in the City cannot be drawn from it alone. From the fact, however, that 814 of the 1,502 present applicants for Corporation houses have been awarded 5 or less points, which means that they are not in real need of rehousing, then excluding replacement of slum houses, there would appear to be on this basis a net shortage in Lancaster of 688 houses.

If, however, all applicants for Corporation houses are completely disregarded as a measure of total need, and the total need is only calculated on the excess of households over existing dwellings, and the findings of the pilot survey are applied to the City as a whole, we find the present shortage is 4.8% of the number of existing houses which is 660.

Also the pilot survey showed that in the area involved in the investigation only 28.6% of applicants for Corporation houses were sharing a house, and were not therefore already tenants of houses. If this is applied to the City as a whole and is used as a measure of calculating the net number of additional dwellings required, we find 429 (28.6% of 1,502) additional houses are needed.

The mean result of these three methods of calculating the net number of new houses at present required, excluding the replacement of slum houses, is 592 or 600 approximately.

If 600 is accepted as the present net shortage of houses in the City excluding slum clearance replacement, the next question which calls for an answer is how many of these should be provided by the City Council, with the aid of subsidies?

One of the intentions of the suggested survey was to ascertain how many people were planning to buy a new house during the next few years and at what prices, also - having regard to the financial circumstances of these people - what proportion of these plans would materialise, and also, as a result of these transactions, how many of our existing houses would be released for other families.

This information it was thought would be of considerable help to the City Council when formulating its future house building programme.

I have already indicated that the information obtained from the pilot survey suggests, *inter alia*, that if building prices were to fall to such a level that a new house could be bought at an inclusive price of £1,500 or less, something like 300 to 350 tenants or owner-occupiers of existing houses would be willing and able to acquire a new house. This is a conservative estimate because it is based largely on the preferences of a small section of the lower income groups.



Assuming the figure of 600 as present net shortage of houses is accepted then questions which arise are; would the City Council be justified, taking into account the information it has in its possession, in planning to build these 600 houses, knowing they will be a charge on public funds for 60 years,? or should it endeavour to force down building prices by reducing its demands on the building trade and which, if successful, would bring house purchase within the reach of 300 to 350 prospective buyers?

If building prices can be forced down within the reach of these prospective buyers and sites can be found within the City for private building, then it would seem from the pilot survey that the City Council might restrict its immediate building programme to meet the general shortage, i.e., excluding slum clearance replacement, to something like 250 - 300 dwellings as from 31st December, 1953.

So far as sites are concerned it is expected when development is completed on the Ridge Estate it will contain approximately 800 dwellings. At the end of 1953, 138 of these dwellings had been built by the City Council and were occupied. This means that sufficient sites were available at the 31st December, 1953, on the Ridge Estate alone for the 600 or so extra dwellings estimated to be needed to meet the present shortage. In addition, land is still available on the Hala Estate for further municipal and private building. At least 50 sites which have been scheduled for private building remain unsold. This seems to be a further indication of price resistance both in relation to land and building.

The price of land is an important element in the inclusive cost of providing a house, and if high, might result in considerably less private building than otherwise would be the case. When it is considered that, at the new rate of subsidy, every municipal house built after April 1955, will cost Lancaster rate-payers £442 . 16 . 0d. spread over 60 years, there appears to be a case for selling plots of land to private individuals who plan to build a house for their own use at as low a price as possible.

Much information relevant to housing needs was obtained from the pilot survey but in these general observations only two further related points call for discussion.

The pilot survey revealed that a little over 19% of the households visited were willing to pay extra rent for the provision of modern amenities such as hot water and a bath, etc. It is important to note, however, that 75% of these families were not willing to pay more than an increase of 3/6d. weekly.

It would seem from this information that a great number of people apply for a Corporation house because they are dissatisfied with their present one, but the majority of these, whether able to do so or not it would seem, would not be willing to pay the standard rent of a post 1945 house, because the difference between this and their present rent is far in excess of 3/6d. weekly.

It is necessary once again to stress that the conclusions in these observations are mainly drawn from an inquiry very limited in scope, and which had for its main object the testing of arrangements made for

a fuller investigation. The information obtained from the pilot survey does, however, give some indication of what would have been obtained from a full scale inquiry, had it have been carried out, and in this respect, at least, is not without value.

When the many problems relating to housing are considered, not the least of which are the possibility of rent and rate resistance with the accompanying danger of having houses with heavy loan charges on them empty, a proper investigation does seem worth while.

Because, however, of heavy duties with respect to slum clearance and the repair of houses, it seems unlikely these investigations could now be made by the Public Health Department.

#### NUMBER OF NEW HOUSES ERECTED DURING THE YEAR

	Prefabricated Houses		Traditional Permanent Houses	
	Temporary	Permanent	Houses	Flats
(i.) By Local Authority ...	—	—	98	8
(ii.) By other Local Authorities ...	—	—	—	
(iii.) By other bodies or persons ...	—	—	23	Nil

#### Inspection of Dwelling Houses during the Year

1. (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) .....	149
(b) Number of inspections made for the purpose .....	227
2. (a) Number of dwelling houses (included in sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 .....	108
(b) Number of inspections made for the purpose .....	134
3. Number of dwelling houses found to be in a state so injurious to health as to be unfit for human habitation .....	22
4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .....	106

#### Remedy of Defects during the Year Without the Service of Formal Notices

Number of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers .....	6
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## Action under Statutory Powers during the Year

(a) Proceedings under Sections 9, 10, and 16, of the Housing Act, 1936:—	
(i) Number of dwelling houses in respect of which notices were served requiring repairs .....	Nil
(ii) Number of dwelling houses which were rendered fit after service of formal notices:—	
(a) By owners .....	Nil
(b) By local authority in default of owners .....	Nil
(b) Proceedings under the Public Health Acts:—	
(i) Number of dwelling houses in respect of which notices were served requiring defects to be remedied .....	10
(ii) Number of dwelling houses in which defects were remedied after service of formal notices:—	
(a) By owners .....	20
(b) By local authority in default of owners .....	2
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:—	
(i) Number of dwelling houses in which respect of which Demolition Orders were made.....	Nil
(ii) Number of dwelling houses demolished in pursuance of Demolition Orders .....	Nil
(d) Proceedings under Section 12 of the Housing Act, 1936:—	
(i) Number of separate tenements or underground rooms in respect of which Closing Orders were made .....	Nil
(ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .....	Nil

## Housing Act, 1936, Part IV - Overcrowding

During the year 58 cases of overcrowding were rehoused by the City Council and 5 abated the overcrowding themselves by finding other accommodation after they had been warned by the Sanitary Inspectors. Thirty-two new cases were brought to light during the year, and at the end of the year the number of houses in the City known to be overcrowded was 30. Further information concerning overcrowding is given in the table immediately below.

(a)	(i) Number of dwellings overcrowded at the end of the year	30
	(ii) Number of families dwelling therein .....	50
	(iii) Number of persons dwelling therein .....	248
(b)	Number of new cases of overcrowding reported during year	32
(c)	(i) Number of cases of statutory overcrowding relieved during year .....	58
	(ii) Number of persons concerned in such overcrowding .....	338
(d)	Number of cases of overcrowding in houses owned by the local authority which have been relieved during the year .....	7
(e)	Particulars of any cases in which dwelling houses have again become overcrowded after the local authority have taken steps for the abatement of overcrowding .....	Nil



HOUSING CONDITIONS

Sufficiency of Houses

At the end of 1953 the number of applicants on the Council's list still awaiting rehousing was 1,502. Observations on the real present need for additional houses has been dealt with under general observations on page 45.

Houses Without Internal Piped Supply of Water, etc.

(a) Number of houses which have not an adequate internal water supply .....	29
(b) Number of houses which have no separate water closet or other adequate sanitary accommodation .....	74

SANITARY CONDITIONS IN SCHOOLS

Routine inspections and visits upon complaint were made by the Sanitary Officers in connection with the arrangements for the serving and taking of meals in schools, and the sufficiency or otherwise of washing facilities and sanitary accommodation, etc. Some of these visits were made at times when the school meal service was delivering the food. The food and the containers were examined at these inspections. The food was found to be hot, was in excellent condition, and smelt appetising. The containers were all found to be in a satisfactory condition.

The arrangements for the serving of food, although in many cases they are improvised and classrooms have to be used as dining rooms were, under the circumstances, good. The system of using classrooms, however, is not conducive to the teaching of hygiene and should be discontinued as soon as possible.

Twenty-three out of the 36 schools in the City are still below modern standards with regard to the provision of washing facilities. In 10 schools the yard surfaces are unsatisfactory.

Information concerning the present sanitary, drinking and washing arrangements at the schools is given in Table I below, and details of the improvements made at the various schools during the year is given in Table II. It is gratifying to see that a few improvements were made during the year in some schools, but it is hoped many more improvements will be made when circumstances permit.

Table I.

Total number of schools in the City .....	36
Number with fresh water closets only .....	33
Number with trough closets .....	3
Number with unsatisfactory yard surfaces .....	10
Number with inadequate washing facilities .....	23
Number with inadequate drinking facilities .....	28

Table II.

Cathedral Juniors and Infants	1 children's washbasin replaced by sink (cold water only).
Christ Church Infants ..... ..	Hot water supplied to washbasins. 2 extra children's washbasins fixed.
Christ Church Juniors ..... ..	Hot water supply now available to all washbasins.
Greaves Secondary Modern ..... ..	1 extra staff W.C. fitted.
Scotforth Parish Hall ..... ..	Internal redecorations. 1 extra sink now available.
Moorside County Juniors ..... ..	Opened - capacity 320. Adequately equipped. Kitchens serve 230 meals per day for own scholars and also supply 250 per day to two other schools.

## PLACES OF ENTERTAINMENT

Fifty inspections of public places of entertainment were made during the course of the year, and a number of visits were made during performances. Further progress was made in bringing these premises up to a reasonable standard so far as the sanitary conditions and amenities for comfort are concerned.

The improvements carried out at these premises during the year are given below :—

### County Cinema

3 additional W.C.'s and 2 urinal stalls were provided for men, and 2 new W.C.'s for women. A new plenum system of ventilation was installed which, after tests, has been found to be capable of providing 600 cubic feet of warm air per seat per hour. A new heating boiler of 718,000 c.t.u. capacity was installed. The exhaust system of ventilation was thoroughly overhauled.

### Grand Theatre

A new heating boiler was installed and additional fresh air inlets to the auditorium provided. Tests on these new ventilating arrangements are still being carried on and consequently, it cannot be said at this stage whether they will meet with the Council's requirements.

A new licensed bar was provided at the Grand Theatre during the year.

## INSPECTION AND SUPERVISION OF FOOD

### Milk Supply

The administration of the Food and Drugs Acts, 1938 - 1950, and Milk and Dairies Regulations.



**Milk Supervision and Distribution**

During the year Sanitary Officers made a total of 31 inspections of the 9 dairies situated in the City. It was found necessary on occasions to draw attention to contraventions of the Regulations or other unsatisfactory conditions.

The average daily consumption of milk per head of the population decreased from .77 in 1952 to .63 of a pint in 1953.

**Average Daily Consumption of Milk**

<i>Description</i>	<i>Daily Consumption in Gallons</i>	<i>Per centum of Whole</i>
Non-descript Raw Milk .....	238	5.89%
Tuberculin Tested Milk .....	888	21.99%
Pasteurised Milk .....	1903	47.12%
T.T. (Pasteurised) Milk .....	903	22.36%
Sterilised Milk .....	107	2.64%
Total .....	4039	100.00%

Average daily consumption in pints per head of population ..... .63 pints

**Quantity of Milk Bottled (in gallons)**

	<i>Amount bottled outside the City (in galls. per day)</i>	<i>Amount bottled in the City (in galls. per day)</i>
Non-descript Raw Milk .....	238	—
Tuberculin Tested Milk .....	616	272
Pasteurised Milk .....	1253	650
T.T. (Pasteurised) Milk .....	264	639
Sterilised Milk .....	107	—
	2478	1561

**Milk (Special Designation) (Raw Milk) Regulations, 1949**  
**Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949**

Information concerning the number of licences issued under the above-mentioned Regulations during 1953 is given below:—

Tuberculin Tested Milk: Bottling 2. Dealers other than bottlers, 54.

Pasteurised Milk Pasteurising Plant, 1. Dealers, 56.

Sterilised Milk: Dealers, 26.



Sampling of Milk for Bacteriological and Biological, etc., Tests

TESTS FOR TUBERCULOUS MILK

Information concerning the number of samples and grades of milk submitted for biological tests for the presence of tubercle bacilli and the results of the tests is given in the following table.

	Nondescript Raw Milk	Tuberculin Tested Milk.
Total No. Taken ...	16	38
No. Negative ...	16	38
No. Positive ...	—	—
Per cent. Positive	—	—

Sampling of Milk for Good Keeping Quality and for Evidence of Adequate Pasteurisation or Sterilisation

Information concerning the testing of milk for good keeping quality and for adequate heat treatment is given in the following table.

SAMPLES OF MILK TAKEN FOR METHYLENE BLUE AND B.COLI TESTS

	Nondescript Raw Milk	Tuberculin Tested Milk.	Pasteurised Milk.	Tuberculin Tested (Pasteurised)	Sterilised Milk.
Total No. Taken	21	41	32	18	—
No. satisfactory	18	36	32	18	—
No. unsatisfactory	3	5	—	—	—
Per cent. ,,	14·29%	12·20%	—	—	—

SAMPLES OF MILK TAKEN FOR PHOSPHATASE TEST

	Pasteurised Milk.	Tuberculin Tested (Pasteurised) Milk.
Total No. Taken ... ..	32	18
No. satisfactory ... ..	31	18
No. unsatisfactory ... ..	1	—
Per cent. ,, ... ..	3·14%	—

### SAMPLES OF MILK TAKEN FOR BRUCELLA ABORTUS TESTS

	Nondescript Raw Milk	Tuberculin Tested Milk
Total No. Taken .....	15	30
No. satisfactory .....	15	30
No. unsatisfactory .....	—	—
Per cent. unsatisfactory .....	—	—

### SAMPLES OF STERILISED MILK TAKEN FOR TURBIDITY TEST

Number taken : 3. Results satisfactory.

### Observations on Keeping Quality of Milk

The keeping quality of nondescript raw milk was better in 1953 than in 1952. In the former year 15.38% of samples failed to pass the test, whereas in 1953 the percentage of unsatisfactory samples was 14.29%. The percentage of samples of tuberculin tested milk which failed to pass the test was 12.20% as against 9.37% in 1952.

All samples of pasteurised milk passed the methylene blue test but one sample, or 3.14%, failed in the phosphatase test. In 1952, however, 14% of pasteurised milk samples failed the phosphatase test.

### Bacteriological and Chemical Examination of Ice Cream

#### Bacteriological Examination

More samples of ice cream were found to be unsatisfactory bacteriologically in 1953 than was the case in 1952. In 1953, 5 out of 42 samples, or 11.9%, were found to be unsatisfactory, whereas in 1952 only 2 out of 42 samples, or 4.76%, were placed in this category. It rather looks as though, after the vigorous drive between 1947 and 1950 to raise the standard of hygiene in the manufacture of ice cream, some manufacturers have relaxed their efforts.

The sale of ice cream during the last few years has increased considerably because the public have had confidence in it, but if standards continue to fall and this becomes publicly known, there might be a corresponding fall in demand for the product.

#### BACTERIOLOGICAL EXAMINATION

No. of Samples Taken	Methylene Blue Decolourisation Test		B. Coli		Ministry of Health Provisional Grades			
	Satisfactory	Unsatisfactory	Absent Satisfactory	Present Unsatisfactory	1	2	3	4
42	37	5	42	—	23	14	4	1



Chemical Examination

It will be seen from the table immediately below that over 83% of the samples of ice cream submitted for analysis contained between 7.5 and 10% of fat.

TABLE SHOWING FAT CONTENT

No. of Samples Taken	Under 5.0%	5.0% - 7.5%	7.5% - 10.0%	Over 10.0%
6	—	1	5	—

Bacteriological Examination of Foodstuffs in General

During the investigations to ascertain the causes of the two outbreaks of food poisoning which occurred in 1953 in this City, 36 samples of foods were taken for bacteriological examination. Following these outbreaks it was decided to continue as a routine, a periodical bacteriological examination of foodstuffs throughout the City. The purpose of this sampling was primarily to ascertain whether foods were being prepared, handled and stored under satisfactory conditions.

The table below gives details of the samples of foods submitted for examination.

<i>Samples Taken</i>	<i>No. Taken</i>	<i>Satisfactory</i>	<i>Not Satisfactory</i>
Meat Pie .....	5	5	—
Cream Puff .....	1	1	—
Boiled Ham .....	2	2	—
Cream Doughnut .....	1	1	—
Vanilla Slice .....	1	1	—
Cream Cookie .....	1	1	—
Cream Cake .....	3	2	1*
Trifle .....	1	—	1*
Savoury Duck.....	1	1	—
Pressed Veal .....	1	1	—
Ham Sandwich .....	1	1	—
Fish Cake .....	1	1	—
Potted Meat .....	1	1	—
Chocolate Eclair .....	1	1	—
Custard Slice .....	1	1	—
Meringue .....	1	1	—
Cream Slice .....	1	1	—
Custard Tart .....	1	1	—
Pineapple Delight .....	1	1	—
Cornish Pasty .....	1	1	—
	27	25	2

\* No B. Dys. or Salmonella organisms isolated  
No Staph. pyogenes. Growth of atypical coli.



Meat and Other Foods

The following are particulars of meat inspection carried out by your Sanitary Officers during the year at the abattoir.

NUMBER OF ANIMALS SLAUGHTERED AND INSPECTED AT ABATTOIR

	Cattle excl'ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known) ....	2779	1543	4877	16761	5729
Number Inspected....	2779	1543	4877	16761	5729
All Diseases Except Tuberculosis:					
Whole carcasses condemned ....	10	41	418	112	63
Carcasses of which some part or organ was condemned ....	3110		703	2131	378
Percentage of the number ins- pected affected with disease other than Tuberculosis ....	73.14%		22.99%	13.38%	7.70%
Tuberculosis Only:					
Whole carcasses condemned	16	43	1	—	8
Carcasses of which some part or organ was condemned ....	1330		3	—	297
Percentage of number inspe- ted affected with Tuberculosis	32.14%		.08%	—	5.32%

AMOUNT OF MEAT CONDEMNED BY WEIGHT

(a) For tuberculosis :

	<i>Tons</i>	<i>Cwts</i>	<i>Qrs.</i>	<i>Lbs.</i>
Cattle .....	19	10	0	6
Calves .....			1	15
Sheep .....	—	—	—	—
Pigs .....	1	19	2	5
	21	9	3	26

(b) For other conditions :

	<i>Tons</i>	<i>Cwts</i>	<i>Qrs.</i>	<i>Lbs.</i>
Cattle .....	24	11	0	11
Calves .....	4	1	0	12
Sheep .....	7	3	1	6
Pigs .....	4	6	0	1
	40	2	0	2

Particulars of other Foodstuffs Condemned during 1953

Three hundred and thirty one visits were made to food shops and stores for the purpose of examining food and the following amounts of food were condemned as unfit for human consumption. In all cases the food was voluntarily surrendered and the question of legal proceedings did not arise.

Tinned Goods :					<i>Tins</i>	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Tinned Meat	.....	.....	.....	.....	727	1	9	0	26
Tinned Milk	.....	.....	.....	.....	502	—	5	0	18
Tinned Fish	.....	.....	.....	.....	88	—	—	1	16
Tinned Fruit	.....	.....	.....	.....	1217	—	16	1	6
Tinned Vegetables	.....	.....	.....	.....	373	—	4	2	14
Tinned Miscellaneous	.....	.....	.....	.....	120	—	3	1	19
					3027	2	19	0	15

Other Condemned Foodstuffs :					<i>Tons</i>	<i>Cwts</i>	<i>Qrs.</i>	<i>Lbs.</i>
Bacon	.....	.....	.....	.....	—	1	2	11
Butter	.....	.....	.....	.....	—	—	—	7
Bournvita	.....	.....	.....	.....	—	—	—	$10\frac{1}{2}$
Cake	.....	.....	.....	.....	—	—	—	10
Cheese	.....	.....	.....	.....	—	—	1	10
Chocolate	.....	.....	.....	.....	—	—	—	4
Chocolate Teacakes	.....	.....	.....	.....	—	—	2	8
Custard Powder	.....	.....	.....	.....	—	—	—	$11\frac{1}{2}$
Carrots	.....	.....	.....	.....	—	4	0	0
Fish (Fresh)	.....	.....	.....	.....	—	2	3	6
Flour	.....	.....	.....	.....	—	—	1	8
Fruit (Preserved)	.....	.....	.....	.....	—	—	1	$8\frac{1}{2}$
Ham	.....	.....	.....	.....	—	—	1	$19\frac{1}{4}$
Jam	.....	.....	.....	.....	—	—	1	14
Jellies	.....	.....	.....	.....	—	—	—	$7\frac{1}{2}$
Meal	.....	.....	.....	.....	—	—	3	20
Meat (Fresh)	.....	.....	.....	.....	—	4	3	$23\frac{1}{2}$
Meat (Cooked)	.....	.....	.....	.....	—	—	6	10
Milk (Dried)	.....	.....	.....	.....	—	—	2	0
Mushrooms	.....	.....	.....	.....	—	—	—	6
Pears	.....	.....	.....	.....	—	—	4	8
Peas	.....	.....	.....	.....	—	—	2	24
Pickles	.....	.....	.....	.....	—	—	—	$12\frac{1}{2}$
Pig's Heads and Feet	.....	.....	.....	.....	—	—	1	12
Puddings (Mixed Fruit)	.....	.....	.....	.....	—	—	4	5
Puddings (Genoa)	.....	.....	.....	.....	—	—	—	$21\frac{1}{4}$
Rabbits	.....	.....	.....	.....	—	—	2	4
Salad Cream	.....	.....	.....	.....	—	—	—	$16\frac{1}{4}$
Sausages	.....	.....	.....	.....	—	—	5	24
Sugared Almonds	.....	.....	.....	.....	—	2	0	0
					1	6	2	$2\frac{3}{4}$

$\frac{1}{2}$  gall. Mixed Pickles.

Inspection of Food Premises

During the year the following number of inspections were made of the various food premises :—

Bakehouses	.....	258
Butchers' Shops	.....	153
Meat Stores, Abattoir, etc.	.....	665
Fish Fryers	.....	231
Restaurant Kitchens, etc.	.....	107
Ice Cream Premises	.....	249
Market Stalls	.....	25
Other food premises	.....	565
Dairies	.....	31
Snack Bars, etc.	.....	115
Public Houses	.....	65
Food preparing premises	.....	161

General Observations on Food Premises

Some further progress in improving conditions in food premises was made during 1953, but some proposed alterations and improvements were postponed pending the issue of new Regulations containing new standards.

During the year the following improvements were, however, carried out following requests from the Health Department :—

Premises where additional washing facilities were provided	.....	4
Premises where walls and ceilings were reconstructed or re-formed	.....	6
Premises where obsolete equipment was replaced with new	.....	4

Sampling and Analysis of Food and Drugs for Adulteration, etc.,

The following tables indicate the number and type of samples of food and drugs submitted for analysis during the year.

MILK

No. of Samples Taken	No. of poor quality (not adulterated)	Deficient. Legal proceedings not considered warranted.	Obviously Adulterated
Formal 92	9	4	—

	Milk Fat	Non-fatty Solids	Water
Average for the year	3.70%	8.72%	87.58%
Legal minimum standards	3.00%	8.50%	88.50%



Analysis of other Food and Drugs

Samples of the following foods were submitted for analysis during the year :—

<i>Food or Drug</i>	<i>No. of Samples Taken</i>	<i>Not Genuine</i>
Brandy .....	1	—
Butter .....	1	—
Butter, Peanut .....	1	—
Butter, Rum .....	1	—
Cheese .....	2	—
Cream, Dairy .....	2	—
Cream, Salad .....	1	—
Cream, Synthetic .....	1	—
Crab, Dressed .....	1	—
Essence, Coffee and Chicory .....	1	—
Essence, Almond Flavouring .....	1	—
Fat, Cooking .....	3	—
Fish Cakes .....	1	—
Flour, Self Raising .....	1	—
Fruit Drinks .....	2	—
Gelatine, Powdered .....	1	—
Glucose .....	1	—
Gin .....	1	—
Jelly, Table .....	2	—
Margarine .....	1	—
Mint, Dried .....	1	—
Mixture, Pudding .....	1	—
Paste, Beef .....	1	—
Pepper, White .....	1	—
Potato Crisps .....	1	—
Powder, Custard .....	1	—
Preserves .....	5	—
Puddings, Black .....	1	—
Puddings, College .....	1	—
Rum .....	1	—
Sage and Onion .....	1	—
Salt, Gravy .....	2	—
Sausage, Beef .....	1	—
Sausage, Pork .....	2	—
Semolina .....	1	—
Soda, Bicarb .....	1	—
Spagetti .....	1	—
Stuffing .....	1	—
Suet, Shredded Beef .....	1	—
Sweets .....	2	—
Tablets, Saccharin .....	1	—
Vinegar, Malt .....	2	—
Whisky .....	1	—
	<hr/> 57 <hr/>	<hr/> — <hr/>

## Conditions of Premises Licensed for the Sale of Intoxicating Drink

Following the issue in 1951 of the Report on Conditions in Licensed Premises in the City, further progress was made during the year in bringing these premises up to the standard suggested in the Report. The improvements carried out at the various public houses are :—

<i>Premises</i>	<i>Improvements</i>
Red Cross Hotel .....	Reconstruction of sanitary accommodation.
Golden Lion Hotel.....	Installation of monometal beer pipes.
Crown Inn .....	Installation of plastic and monometal beer pipes.
Castle Hotel .....	Installation of monometal beer pipes.
Millstone Hotel .....	Installation of plastic beer pipes.
Royal Oak Hotel .....	Installation of plastic beer pipes.
Blue Anchor Hotel, Main Street .....	Installation of plastic beer pipes.
Boundary Inn.....	Alterations to the bar to permit larger space behind for working purposes. Improved lighting. Installation of stainless steel sink with hot and cold water for glass washing.
Park Hotel .....	Installation of plastic beer pipes.
Freeholders Arms .....	Installation of plastic beer pipes.
Blue Anchor Hotel, Market Street.....	Glass-washing machine installed.
Victoria Hotel .....	Installation of plastic beer pipes and disinfectant dispenser provided for disinfecting glasses.
Horse & Farrier Hotel .....	Reconstruction of the bar and provision of new sanitary accommodation.
Golden Ball Hotel .....	Reconstruction of sanitary accommodation.
Carpenters Arms .....	Provision of a new stainless steel sink, stainless steel beer engine, and stainless steel beer pipes.
George & Dragon Hotel	Installation of Stainless steel sink in bar, and beer piping renewed in plastic.
Station Hotel .....	Additional sanitary accommodation provided.
Yorkshire House Hotel.....	Rubber beer pipes replaced by plastic.

## Examination of Beer for presence of Lead and Other Metals.

During the year 13 samples of beer were submitted for examination regarding the presence of arsenic, lead and copper.

The upper limits for toxic impurities recommended by the Food Standards Committee of the Ministry of Food are as follows:—  
Arsenic should not exceed 0.1 p.p.m., lead 1.0 p.p.m., and copper 7.0 p.p.m.

Information concerning the presence of these metals in beer is given in the table immediately below. From this table it will be seen that these toxic metals were not present in any of the samples in excess of the upper recommended limit.

BEER SAMPLES

	Arsenic		Lead		Copper	
	Less than 0.1 p.p.m.	More than 0.1 p.p.m.	Less than 1.0 p.p.m.	More than 1.0 p.p.m.	Less than 7.0 p.p.m.	More than 7.0 p.p.m.
Samples taken — 13	13	—	13	—	13	—

## WATER SUPPLY

### Sources, Purification and Distribution

No alterations in the sources of supply of water were made during the year. The water, which is partly moorland surface water from the Council's own catchment area, and partly from Manchester's Thirlmere supply, is subjected to mechanical filtration and chlorination.

13.736 dwelling houses have an internal piped supply; 15 have an individual piped supply which is situated in buildings at the rear of the houses; one block of 7 houses and another block of 3 houses rely on a common standpipe for each block. One house is supplied by a spring, 1 from a stream, and 1 is reliant on rain water. These latter houses are situated in the rural part of the area, and it has not been reasonably practicable to provide a piped supply.

### Sampling of Tap Water

Thirteen samples of tap water from houses were submitted for analysis and 22 for bacteriological examination. The reports, abstracts of which are given in the following tables, indicate that the supply was satisfactory.



EXTRACTS FROM REPORTS ON CHEMICAL EXAMINATION OF TAP WATER

Test.	30.9.53	8.10.53	8.10.53	8.10.53	16.11.53	16.11.53	16.11.53	14.12.53	14.12.53	14.12.53	21.12.53	21.12.53	21.12.53
Colour ...	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil			
Turbidity ...	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil			
Oxygen Absorbed .	0.027	0.076	0.085	0.057	0.100	0.035	0.100	0.106	0.092	0.060			
Free and Saline Ammonia ...	0.001	Nil	Nil	Nil	Nil	Nil	Nil	0.003	Nil	Nil			
Albuminoid Ammonia ...	0.003	Nil	0.001	Nil	0.004	0.004	0.003	0.004	0.003	0.003			
Nitrous Nitrogen ...	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil			
Nitric Nitrogen ...	0.007	0.029	0.020	0.039	0.054	0.050	0.059	0.031	0.024	0.033			
Chlorides ...	0.8	0.8	0.9	1.0	0.9	0.8	0.9	1.1	1.1	1.1			
Hardness, Temp.	0.5	0.5	Nil	0.5	Nil	Nil	Nil	0.5	0.5	1.0			
Clarke's } Perm't	2.0	2.5	2.5	3.0	3.5	3.5	3.0	2.5	2.5	2.0			
Method } Total	2.5	3.0	2.5	3.5	3.5	3.5	3.0	3.0	3.0	3.0			
Reaction, pH ...	7.2	7.0	6.9	8.4	7.0	6.9	7.0	7.0	7.0	6.8			
Solids in solution ...	4.0	8.0	4.0	8.0	4.0	5.0	6.0	6.0	4.0	3.0			
Action on Lead ...	Less than 0.01	Less than 0.01	Less than 0.01	Less than 0.01	Less than 0.01	Less than 0.01	Less than 0.01	0.01	0.02	0.01			
Fluoride .....					0.06	0.04	0.06	0.04	0.03	0.04			0.04

EXTRACTS FROM REPORTS ON  
BACTERIOLOGICAL EXAMINATION OF TAP WATER

Date.	Aerobic micro-organisms growing in yeastral agar	Probable No. of coliform organisms per 100 c.c. of water	Ward sample taken	Remarks
	In 2 days at 37°c.			
16.2.53	Nil 3 2	Nil Nil Nil	Park John o' G. Scotforth	
20.4.53	4 4 7	Nil Nil Nil	John o' G. Scotforth Skerton West	
12.5.53	3 14 2	Nil Nil Nil	Scotforth Scotforth Park	
16.9.53	8 Nil 2	Nil Nil Nil	St. Annes John o' G. Scotforth	
30.9.53	Nil	Nil	Skerton East	
8.10.53	Nil Nil Nil	Nil Nil Nil	Castle Queens Scotforth	
16.11.53	Nil Nil Nil	Nil Nil Nil	Queens John o' G. Park	
14.12.53	2 1 3	Nil Nil Nil	St. Annes Queens John o' G.	

## BACTERIOLOGICAL EXAMINATION OF SWIMMING BATH WATER

Thirteen examples of swimming bath water were submitted for bacteriological examination and extracts from the reports are given below :—

Date.	Aerobic micro-organisms growing in yeastral agar	Probable No. of coliform organisms per 100 c.c. of water.	Bath from which sample was taken.	Remarks.
	in 2 days at 37°C.			
20.4.53	12	Nil	Corp'n Minor Plunge	
	17	Nil	Corp'n Major Plunge	
12.5.53	4	Nil	Corp'n Minor Plunge	
	3	Nil	Corp'n Major Plunge	
	2	Nil	L.R.G.S.	
16.9.53	6000	3	Corp'n Minor Plunge	
	2400	Nil	Corp'n Major Plunge	



## Prevention of Damage by Pests Act, 1949

Details of the premises visited, number found to be infested, and information concerning treatment are given in the following tables:—

### SURFACE TREATMENT

	Type of Property				TOTAL
	Local Authority (1)	Dwelling Houses (2)	Agricultural (3)	All other (inclg. business premises) (4)	
1. Total number of properties in Local Authority's district ....	22	13486	41	2410	15959
2. Number of properties inspected by the Local Authority during 1953 as a result of (a) notification (b) survey or otherwise ....	(a) 7 ..... (b) 10	67 ..... —	— ..... 41	47 ..... 1053	121 ..... 1104
3. Number of properties inspected which were found to be infested by rats....	Major 1 ..... Minor 5	— ..... 3	— ..... 16	2 ..... 29	3 ..... 53
4. Number of properties inspected which were found to be seriously infested by mice....	1	4	—	38	43
5. Number of infested properties treated by the Local Authority	7	7	—	69	83
6. Number of notices served under Section 4:					
(1) Treatment ....	—	—	—	—	—
(2) Structural Works (i.e., Proofing)	—	—	—	—	—
7. Number of cases in which default action was taken by the Local Authority following the issue of a notice under Sec'n 4....	—	—	—	—	—
8. Legal proceedings ....	—	—	—	—	—
9. Number of "block" control schemes carried out ....	Nil				

## SEWER TREATMENT

Total number of manholes in the City: 1439.

Treatment numbers: Nos. 4 and 5.

Dates of Treatment: No. 4 12.1.53 to 6.3.53.

No. 5 24.8.53 to 30.10.53.

Bait bases and poison used: No. 4—Bread mash and arsenious oxide.  
No. 5—Sausage rusk and zinc phosphide.

Number of manholes baited: 1041.

Number of manholes showing prebait take: 192.

Number of manholes showing complete prebait take (on one or both days: 140.

Scheme of baiting used (e.g. consecutive days, or 1st, 3rd, and 5th days: Consecutive.

Test baiting: Number of manholes tested—120.

Number of tested manholes showing bait take—Nil.

## Disinfection and Disinfestation of Premises, etc.

Information concerning the disinfection and disinfestation of premises and articles carried out during the year is given in the following tables:—

### DISINFECTION (Premises)

Premises Disinfected.			Single Rooms Disinfected.		
No. of Whole Houses.	No. of Ships.	No. of other Premises	In Houses.	In Ships.	In other Premises.
36	Nil	Nil	35	Nil	Nil

### DISINFECTION (Books and other Articles)

Books Disinfected.		Other Articles.	Articles Destroyed.	
Public Library.	Private Library.		Books.	Other Articles.
199	3	10	Nil	18

# Insect Pest Control

Twenty-nine houses, 4 Council owned and 25 others, 32 other premises and 5 single rooms were disinfested by means of liquid insecticides, and 149 vans of furniture were fumigated with HCN during rehousing operations. Fuller information is given in the table below.

Type of premises treated.	Type of Infestation.							Single Rooms
	Bugs	Fleas	Ants	Cock-eroaches	Moths	Lice	Others	
Corporation Houses ...	1 4 rooms	2 8 rooms		1 2 rooms		1 4 rooms		1
Other Houses ...	8 34 rooms	3 6 rooms	4 6 rooms	6 4 rooms	2 2 rooms		5 19 rooms	3
Other Premises .			11 144 rooms	21 163 rooms			1 2 rooms	1
Totals ...	9 38 rooms	5 14 rooms	15 150 rooms	28 179 rooms	2 2 rooms	1 4 rooms	6 21 rooms	5

## LEGAL PROCEEDINGS

Acts, Byelaws or Regulations under which proceedings were instituted	Offence	Result	Fine	Costs
Food & Drugs Act, 1938. Secs. 9 and 83.	Cockroach in pie	Conviction	£5	£1.10.6
Food & Drugs Act, 1938. Section 3.	Nail in cake	Conviction	£5	£1.11.6
Food & Drugs Act, 1938. Section 3.	Cockroach in bread	Conviction	£3	£2.1.6
Public Health Act, 1936. Section 154.	Exchanging articles for rags and obstruction	Conviction	£28	£2.6.0
Public Health Act, 1936. Section 154.	Exchanging articles for rags	Conviction	£20	£2.6.0
Public Health Act, 1936. Secs. 92, 93, 94.	Various defects house	Nuisance orders made	—	—
Public Health Act, 1936. Secs. 92, 93, 94.			—	—
Public Health Act, 1936. Secs. 92, 93, 94.			—	—
Public Health Act, 1936. Secs. 92, 93, 94.			—	—
Public Health Act, 1936. Secs. 92, 93, 94.			—	—
Housing Act, 1936. Section 59.	Overcrowding	Conviction	10/-	





SECTION "E"

## PORT HEALTH

## LANCASTER PORT HEALTH AUTHORITY

The use of the port is mainly confined to a small amount of coastal traffic and similar cargo boats from the Continent. In view of this the more elaborate arrangements required in a larger port are not called for here.

### Section I - Staff

TABLE A

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other appointments held
Robert W. Farquhar	Port M.O.H.	1.7.52	B.Sc. (Agri.), M.B., Ch.B., D.P.H.	Divisional M.O.H., Health Division No. 2 M.O.H., Carnforth U.D.C. M.O.H., City of Lancaster M.O.H., Lancaster R.D.C. M.O.H., Lunesdale R.D.C.
Frederick Shaw	Inspector Health to Port Authority	1.12.43	Cert. of R.S.I. & S.I. Joint Board; D.P.A.; M.R.San.I.; A.M.I.S.E.	Senior Sanitary Inspector, City of Lancaster

### Section II - Amount of Shipping Entering the District during the Year

TABLE B

Ships from	Number	Registered Tonnage	Number Inspected		Number of Ships reported as having or having had during the voyage infectious disease on board
			By the Medical Officer of Health	By the Sanitary Inspector	
Foreign Ports	15	5236	—	15	Nil
Coastwise ....	25	3535	—	4	Nil
TOTAL ....	40	8771	—	19	Nil

### Section III - Character of Shipping and Trade during the Year

TABLE C

Passenger Traffic ....	....	....	Number of passengers INWARDS ....	....	....	Nil
			Number of passengers OUTWARDS ....	....	....	Nil
Cargo Traffic ....	Principal IMPORTS ....	Cork, China Clay, Linseed Oil, Zinc White, Bricks, Sand and Gravel				
	Principal EXPORTS .....	.....				Nil
Principal Ports from which ships arrive:—						
	Foreign....	....	North Africa, Portugal, France, Holland			
	Coastwise ....	....	....	....	Clay Ports, Cornwall	



## Section IV - Inland Barge Traffic

Numbers and tonnage using the district and places served by the  
traffic ..... Nil

## Section V - Water Supply

- (1) Source of supply for (a) the district, and (b) shipping :  
City of Lancaster Corporation and Fylde Water Board.
- (2) Reports of tests for contamination :  
City of Lancaster supply is examined bacteriologically each  
month for the City purposes.

## Section VI - Public Health (Ships) Regulations, 1952

### Radio Messages

- (a) Arrangements for sending permission by radio for ships to enter the  
district. (Regulation 13) ..... by phone via Seaforth and Port Patrick  
Radio Stations
- (b) Arrangements for receiving messages by radio from ships and for  
acting thereon. (Regulation 14 (1) (a) and (2) ). ..... as (a) above.

### Notifications otherwise than by Radio (Regulation 14 (1) (b))

Arrangements for receiving notifications otherwise than by radio  
and for acting thereon ..... Nil

### Mooring Stations (Regulations 22 to 30)

Situation of stations, and any standing directions issued under these  
Regulations ..... Nil

Arrangements for :—

- (a) Hospital accommodation for infectious disease (other than small-  
pox—see Section VII);  
Beaumont Hospital, Lancaster, take all cases except smallpox  
for which special arrangements have to be made with the Regional  
Hospital Board.
- (b) Surveillance and follow up of contacts;  
Contacts requiring to be kept under surveillance would be kept  
on board or accommodated at the Hospital.
- (c) Cleansing and disinfection of ships, persons, clothing and other  
articles;  
Use of steam disinfectors at Beaumont and Bay View Hospitals,  
Lancaster, and one owned by Morecambe Borough Council.  
Appliances and materials are available for the disinfecting of  
ships which would be done under the supervision of the Port Health  
Inspector or one of his staff.

## Section VII - Smallpox

Name of Isolation Hospital to which smallpox cases are sent from the district :

Cases would be sent to Ainsworth Smallpox Hospital, near Bury.

Arrangements for transport of such cases to that hospital by ambulance, giving the name of the Authority responsible for the ambulance and the vaccinal state of the ambulance crews :

Cases would be conveyed by the Local Authority's Ambulance Service (Health Division No. 2, Lancashire County Council). Ambulance personnel would wear protective clothing and special arrangements would be made for the disinfection of the vehicle and the attendants, etc. Vaccinal state of ambulance personnel at 31.12.53 was as follows:—33 men out of a total of 33 were successfully vaccinated or revaccinated during 1953.

Name(s) of smallpox consultant(s) available :

Dr. D. C. Liddle, Monsall Hospital, Manchester, and others as per Ministry's list of consultants.

Facilities for laboratory diagnosis of smallpox :

The Pathological Laboratory at the Royal Lancaster Infirmary is a recognised laboratory in the list issued by the Public Health Laboratory Service. Specimens of material for diagnosis could be sent either direct to Prof. A. W. Downie at Liverpool, or through the Pathologist at the Royal Lancaster Infirmary.

## Section VIII - Venereal Disease

Information as to the location, days and hours of the available facilities for the diagnosis and treatment of venereal disease among merchant seamen under international arrangements, including in-patient treatment and steps taken to make these facilities known to seamen :

Royal Lancaster Infirmary - V.D. Clinics : —

Monday from 5.00 p.m. onwards.

Friday from 2.00 p.m. onwards.

### In-patient Treatment

If in-patient treatment were required the consultant at the Clinic would make the necessary arrangements, through the Regional Hospital Board.



## Section IX - Cases of Notifiable and other Infectious Disease on Ships

TABLE D

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports ....	—	—	—	—
Cases which have occurred on ships from foreign ports but have been disposed of before arrival....	—	—	—	—
Cases landed from other ships ....	—	—	—	—

## Section X - Observations on the Recurrence of Malaria in Ships

No cases.

## Section XI - Measures Taken Against Ships Infected With or Suspected for Plague

None needed.

## Section XII - Measures Against Rodents in Ships from Foreign Ports

- (1) Procedure for inspection of ships for rats:  
Port Health Inspector investigates when making his inspection.
- (2) Arrangements for the bacteriological or pathological examination of rodents, with special reference to rodent plague, including the number of rodents sent for examination during the year:  
Submitted to Public Health Laboratory Service, Royal Lancaster Infirmary. Number sent for examination—Nil.
- (3) Arrangements in the district for deratting ships, the methods used, and, if done by a commercial contractor, the name of the contractor.  
No specific arrangements. If need arose, rodent operators employed by Lancaster City Council might be used, or alternatively, if HCN necessary, London Fumigation Co. Ltd., of Manchester would be contacted by telephone.
- (4) Progress in rat-proofing of ships—Not carried out.

## Result of Inspections - Action taken by Port Health Inspector

An inspection of one coastwise vessel revealed the accommodation provided for the crew was unsatisfactory because no suitable provision had been made for the storage of food, the mess room was dirty, and there appeared to be a general lack of welfare arrangements for the crew.

A letter was sent to the company and the Port Health Authorities at the next port of call were notified.

The sanitary accommodation on another coastwise vessel was found to be in a dirty state. The owning company was notified by telephone.



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